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THE

# Medical and Surgical Reporter:

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AND
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THE

# MEDICAL AND SURGICAL REPORTER.

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## VOL. XVII.—INTRODUCTORY.

In commencing the 17th Volume of the Medical and Surgical Reporter as a weekly periodical, and the twentieth year of its existence as a medical journal, we send a number of copies to physicians not subscribers, in different parts of the United States and Canada, and ask from them countenance and support, in both subscriptions and contributions, in the prosecution of our undertaking. The obligation will be mutual. For, on our part, we can assure them that no exertion will be spared to render the Reporter fully equal to the highest demands of the profession. Its Original Department will contain *Lectures* on medicine and surgery from the ablest professors in our various schools; *communications* from practical physicians; reports from the *clinical teachings* in Philadelphia, New York, and other cities; reports of the transactions of *medical Societies* in all portions of our country, and the discussions which have taken place in them; *letters* from special correspondents in New York, Chicago, Baltimore, Boston, Paris, London, and other centres of medical intelligence; and *essays* on branches of medical science by distinguished specialists.

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S. W. BUTLER, M.D.,
D. G. BRINTON, M.D., } Editors.

# Original Department.

## Lectures.

### CERTAIN PROMINENT RELATIONS BETWEEN MATERIA MEDICA AND THERAPEUTICS.

*Remarks of* Dr. E. R. Squibb, *at the New York Journal Association, May* 16, 1867.

Reported by E. S. Belden, M. D.
(Revised and amended by the author.)

Gentlemen: I thank you for the privilege of suggesting to your minds a train of thought on a subject which may be more familiar to me than to you, and one which can hardly be followed up without profit. The subject is one which for many years past has occupied much of my time and thought, and enlisted my best efforts, with but little success. This circumstance, taken in connection with the natural tendency of a warm interest to over-estimate and over-rate influences, must make you cautious in receiving what I may say in a rambling discourse on some of the prominent relations which exist between materia medica and therapeutics, and the bearing of these relations on the general welfare and progress of practical medicine.

You remember, materia medica is that department of medical science which treats of the material or tools with which the physician meets disease in the practice of his art. Therapeutics is more properly, perhaps, the application of the materia medica to the treatment or cure of disease. The prominent relations between these, which I desire to present, is simply that of cause and effect. And it is to having lost sight, to a certain extent, of this relation, that the profession owe a part of the loss of hold upon the community at large, and this loss to the regular profession constitutes the entire gain of quackery and empiricism. The study of the science of medicine and the practice of the art of medicine are two very distinct things. The community recognizes the art; the profession and the scientific world alone recognize the science. The practical object with which the science is pursued is the practice of the art, and that alone brings it into direct connection and relation with the community. The community at large value the profession of medicine, perhaps only by the results which are attained. If the profession of medicine fail to cure or alleviate disease, they must expect in a proportionate degree to lose their hold on the community. The legitimate materia medica and not expectantism, nor skepticism, more than polypharmacy, empiricism, or any other form of ignorance, must constitute the means by which the practical end is attained, and therefore must be the foundation of every sound and lasting medical reputation.

This practical view of the subject has not, for many years past, attracted that attention in the schools and among medical men, which, in my judgment, it deserves. While great pains are taken to teach anatomy, physiology, pathology, and all the other subjective branches, the aim and whole object of the science, viz., the *application* of the art, is too much neglected. This is seen, I think, in a kind of skepticism that is growing up in the profession, as to the reliance to be placed on drugs in the treatment of disease. I am no very great believer in drugs, but that there are certain effects produced by remedies, none can doubt. Many say, that apart from the three or four prominent articles of the materia medica, they can put no confidence in it. This leads the community at large to feel the distrust which the profession itself seems to feel—a want of power to meet and combat disease by other than simple mechanical means.

Mechanical art, applied through the science of medicine, is more successfully cultivated and is

more practised. We very often hear of successful surgeons, obstetricians, oculists, and aurists; but very rarely of a successful therapeutist. Hardly ever does a man become prominent for his practical application of the materia medica to the cure of disease. In the vast and rapid accumulation of human knowledge, disease is far better known than how to cure it. This is what I complain of; and this is the train of thought to which I desire to direct your attention, since the corrective is within reach by the old and only road of labor, through increased study and observation applied to the materia medica.

Very few of the important advances that have been made in materia medica for years past can claim to have been discoveries; almost all have been stumbled upon. It was reserved for Horace Wells, a dentist of Hartford, to discover modern anæsthesia, though the road was pointed out to the medical profession years before by Sir Humphrey Davy; and the agents now successfully used were all previously known. Ether, the most important of these agents, has occupied a place in the materia medica certainly since the fifteenth century, and yet its most important power has lain dormant through want of proper investigation and research. Look at bromide of potassium, as another example, now very much and very effectually used as a peculiar nervous sedative. As long ago as 1828, Pourché experimented with bromide of potassium; yet from that time up to the present, the profession has been stumbling and blundering with it, without discovering its prominent characteristics or uses; and not until within three or four years past, has it been generally admitted to be a nervous sedative at all.

These serve as illustrations for a point that I wish to make, viz., had the proper amount—or the same proportional amount—of study been given to either of these agents that has been given to the pathology and diagnosis of Bright's disease, the present knowledge would have been acquired by the profession long ago, much human suffering would have been saved, and the medical profession would have been better established upon its true basis.

Even at the present day, the best known articles of the materia medica are lying about, as it were, loose, for want of research and critical examination. Gentlemen will take the microscope, and pursue a pathological change with the utmost zeal and energy, and by patient observation and reasoning, will get out of a given subject all that it contains. Why not do so with the articles of the materia medica? Many well informed professional men will permit themselves to be led to false conclusions in regard to the materia medica upon grounds which they would utterly reject in other departments of medicine; and in the use of remedies, too often and too easily yield to the plausible ingenuity of the chemist, the polypharmacist, or to the equivocal knowledge which their apothecaries offer them.

Out of this loose and indefinite knowledge, or want of knowledge in regard to materia medica and therapeutics, grows a taste for fashion and novelty in remedies scarcely less than that which characterizes ignorance and frivolity in dress. A remedy is set forth as a novelty, and sometimes from mistaken zeal or superficial observation, but more commonly from the dexterous management so well known to trade in fashions and novelties, it gets "a good run," and often runs out into oblivion. Its few legitimate uses are so confounded with its many abuses and misapplications, that they cannot save it. Illustrations of this are always at hand. Now codeia becomes fashionable, then narceia, and loose extravagant representations are hung around them as fashionable garments, and they go forth for their short career in the progress of medicine, until some one like Eulenburg makes some laborious and patient investigations "in a great number of painful affections," and "recognises in this medicine, as an anodyne and narcotic, a substitute for morphia, which is perhaps equal to morphia in all respects, and which may even be preferred to morphia in a certain number of cases." (*Bull. de Thérapeutique.*) In these instances, as in many others, the fact was entirely lost sight of, that had these substances been really new, which they were not, or had they possessed half the advantages claimed for them in use, there was no possible source of supply for them. Derivatives of opium only, that drug yields them in so small a proportion as to be entirely inadequate to supply any general demand for them. Then as the fashion soon exhausts the only source of supply, the substance advances in price until the temptation becomes too strong for the channels of trade, and subiletation and falsifications from manufacturers meet the demand, adding an additional cause to the rapid decline of a fashion, and one which the medical man is often the last to suspect. This same want of accurate knowledge and forethought not only favors the objects of smart money-making manufacturers and pharmaceutists, who study the materia medica much more closely than medical men, but it also favors a kind of medicine-made-easy through ready-made complex formulæ.

Take as a familiar example, the now much used syrup of the phosphates of iron, quinia, and strychnia, of Dr. Eustere, as given by Aitken. This, if there were no objection to it beside, is a fixed inflexible combination of these potent agents, which may fit tolerably well upon a small class of cases, just as ready-made clothing may fit a class of persons near the same size, but it never can closely, or nicely, or scientifically be applicable to more than one case, if critical discrimination be used. Now at the same time that not one of the ingredients in this complex syrup is new, nor is the association of them in treatment by any means new, yet a single pharmaceutist in this city is now dispensing the syrup at the rate of half a gallon a day, upon physicians' prescriptions, whilst it should be the case, if it be not so, that any one of these physicians is fully able to prescribe these potent agents in a way less incompatible than this syrup is, and in a proportion far better adapted to the varying indications to be met by the judicious and scientific uses of iron, quinia, strychnia, and phosphoric acid.

Fashions in therapeutics and pharmacy, like fashions in everything else, are too apt to debase the good sense of those who yield to them.

Among the prominent relations between the materia medica and therapuetics, is that which is embraced in the domain of pharmacy;—pharmacy being the art of preparing the materia medica for successful application. This art, though now founded upon a science of pharmacy, is commonly followed as a mere trade to get money by, and the common axiom of trade, whereby success is sought for mainly through buying cheaply and selling dearly, has a constant adverse tendency upon the best interests of practical medicine. Want of knowledge of the materia medica and pharmacy in the profession of medicine, leaves these tendencies of trade uncontrolled, and the physician becomes often the dupe and sometimes the pliant tool of the sharpness and shrewdness of over competition in the muddy stream of common trade. Few physicians are equal to the successful pharmacists with whom they are brought into daily contact and dependence, either in the subtle artful resources of successful trade, or in the absolute knowledge of the materia medica, which is necessary to successful trade, and hence physicians are constantly and habitually misled and misguided by accepting their knowledge of the materia medica at second hand, and after contact with competing trade. The materia medica of the shops, and that of the pharmacopœias, is as different as the difference between mere pecuniary interest and true intrinsic value in other classes of merchandize, and the knowledge which will distinguish between a good piece of cloth and an indifferent one, or between a good barrel of flour and a bad one, is all that I ask for cinchona barks and all the prominent articles of the materia medica; and unless the medical profession will cultivate this knowledge with more zeal and energy, it must accept the inevitable alternative of quackery and empiricism triumphant, and much human suffering badly controlled; and this is but the old story of the immutability of the natural laws which govern human nature through its instincts of self-preservation.

In these times of prominent use of tonics, who does not prescribe cinchona, or its derivatives, in some form? And yet it is not ascertained, or even much agitated, whether its alkaloids are better tonics in their natural combinations, or after the unnatural torturing, and bleaching, and re-combining which they get at the hands of the chemist. The fact that one of these alkaloids is more anti-periodic than the others, and that for such uses it is better to have it in a definite quantity and small compass, does not at all prove it a better tonic, while analogy, good reasoning, and ordinary intelligence, supported by a majority of what little good authority is to be found upon this point, all tend to favor the opinion that all the alkaloids are useful tonics, and perhaps equally useful, and probably most effective as tonics, when in their natural combinations. This granted, a very moderate amount of thought will show the physician that every grain of quinia salt which he uses as a tonic, without good reason for his preference, involves the expense of its extraction, and all the profits that must be put upon it before he can get it,—the risk of its adulterations,—and far worse, the sacrifice and almost absolute loss of the other alkaloids of the bark from which it has been extracted, since they are comparatively valueless when broken up from their natural combinations. Here, then, is a positive waste, either through want of knowledge, or want of thought, and a waste whose importance is easily appreciated when it is remembered that the forests of all the more valuable species of cinchona are being rapidly exhausted, and their barks becoming rare and costly, and displaced in the markets by inferior grades, and by false barks.

Here, again, true and accurate professional knowledge and study is indispensable and much needed. These cinchonas are brought to the markets through ordinary commerce, and are

passed through the exporter, the importer, the broker, the drug miller, and the druggist, to the pharmacist, and the physician sees them, if at all, in the form of tincture, elixir, syrup or extract, when all the landmarks of character and quality are gone forever. The man who dispenses the preparations has taken the place of all these, and he is a merchant, whose prime object is profit, and who, instead of making his preparations, has bought them of those who could make them cheaper than he. These cinchonas, in powder, at the druggists or pharmacists, are except for differences in color, so much alike that an experience of fifteen years, with much interest in them, and an ordinary amount of attention and intelligence, has taught me to distrust my judgment almost entirely, and to rely only on actual examination. Now this examination is both simple and easy; but what physician or pharmacist ever applies it? It has been long stored in the written accumulations of knowledge, and is always accessible, but rarely taught or thought of. The powdered barks are chiefly classed as "red" and "yellow," and if a superior price is desired for the "yellow," it is called "calisaya." The price of these barks in the market varies between sixty cents and three dollars per pound, and all intermediate prices are charged for articles of almost exactly the same appearance, and we are all entitled to our own inferences as to how many buyers are likely to select the higher cost for articles which appear to be the same. Under such circumstances,—and this is but a prominent example of many such,—where can there be any safety for the medical profession short of the acquisition of knowledge, and its laborious application, just as it is to-day attained and applied in the admirable and invaluable investigations in pathology. The fields are the same in extent, the harvests equally abundant, but the laborers are unequally distributed, and the results proportionately unequal. If so important a branch of medical science as that which, by its results, becomes the standard of utility by which to adjust the value of an entire liberal profession in the estimation of the public upon which it depends for support, be permitted to remain unpopular in the schools, and uncultivated in the profession, it cannot be difficult to foresee the result.

As the regular profession gives up its reliance in, and its use of the materia medica, the quack and the patent medicine trader stand ready enough to take it up, and a good rational formula for a cathartic pill, such as that of the pharmacopœia,—and a good formula for an expectorant mixture,—a good formula for a vermifuge,—and one for an alterative, have each in its turn made fortunes far larger than any physician can ever hope to attain, and a part of this unquestionably through absolute good results obtained. Indeed, almost all quack medicines are more or less skilful combinations of well known and long-used articles of the materia medica, and these are often selected with a skill and knowledge, and even with a disregard for cost, when it comes into antagonism with quality, which is more rare in the better cause of true medical science; and it is a humiliating statement, though positively true within my own knowledge, that from time to time, as these quack nostrums start upon their career, their proprietors become well known in the drug market as free and often liberal buyers of the best articles of the officinal materia medica. *They* use the pharmacopœia, and its tests and requirements, and apply the sharpness of trade in quality as well as in price, at least until the reputation of their formula is sufficiently established to allow them to debase its quality with safety to their pecuniary interests. It not very unfrequently happens that these buyers exhaust the market of drugs of a particular quality, and the comparatively small demand of the legitimate profession has to be supplied by lower grades.

# Communications.

## RHEUMATISM: ITS NATURE AND ITS TREATMENT.

*An Essay read before the Wayne County (Ohio) Medical Society, October 17th, 1866,*

BY L. FIRESTONE, M.D.,
Of Wooster, Ohio.

*(Published at the request of the Society.)*

Much controversy has arisen in relation to the nature of rheumatism. Scarcely any two physicians can agree as to its pathology. To-day, some enthusiast shouts "Eureka! Eureka!" and the medical world is informed that all mystery is removed; but to-morrow his favorite theory—his imagined discovery—is exploded, to make room for another equally fragile, and supported by another enthusiast equally sanguine. At one time it was thought to be a "common inflammation," invading some of the tissues, more particularly the fibrous and fibro-cellular, to be treated as non specific inflammations. At another time, it was thought to be a "specific inflammation," arising from exposure to cold and moisture, differing in many respects in its progress, and results

from "common inflammation." Some contended it was a disease inherent in the tissues; others in the blood; and others in the nerves. These different views in relation to the nature of rheumatism, laid the foundation for different forms of medical treatment, hence, we find just as great a diversity in the selection of therapeutic agents. Each physician would select his remedies from his own particular stand-point. If a "specific inflammation," a specific remedy is sought after; if a disease of the blood, eliminators were chosen; and if of the nerves, then some concentrated neurotic was relied on. Medicines in profusion were given, but given without any fixed notions concerning the pathology of the disease, thus giving them at random. If one thing failed, another was tried, and another, and then another, prescribing all the time in a circle until the disease "wore itself out," or the patient sunk from exhaustion.

Since my day, we have had advocates for bleeding, purging, opium, mercury, tartar emetic, colchicum, guaiacum, lemon juice, and the alkalies, and their salts. Those regarding it simply an inflammatory disease, differing in its progress in no respect from "common inflammation," characterized by pain, heat, redness, and swelling, seated in the areolar, cellular or muscular tissue, were partial to depleting agents, while others looking at it as a dyscrasia of the blood, were in love with support and depurating agents. * * Pathology was so unsettled, and the results from practice so very unsatisfactory, that physicians had but little confidence in their remedies; and, as a consequence, we have heard it seriously set forth by men holding high rank in the medical profession, that the best cure for rheumatism is "six weeks in bed." * * Where there are no settled pathological views, there can be no settled plans of medical treatment. This is not only true in reference to the treatment of rheumatism, but of every other disease. * * Physicians literally groped their way in the dark in relation to the true nature of rheumatism, until the work of Dr. J. A. Wilson was issued in 1849. Wilson was not correct in his views in relation to the nature of rheumatism, but he moved in the right direction, and begat a spirit of investigation. He was the first to publicly advocate that the disease depended upon some "materies morbi" in the blood, and could be removed by the use of eliminating agents. It was advocated by many in 1850, that the disease was owing to an excess of alkalies, and could only be cured by the administration of acids. The acid almost universally used by those who believed in the theory that some "materies morbi" caused the manifestations of the disease, was citric acid, given in large doses. The per centum of cures was small, and did not sustain the positions taken, and it was but a short time until citric acid was at a discount. The spirit of investigation, however, was kept up, and it was not long until Dr. Henry S. Fuller, of the Royal College of Physicians in London, issued a work of more correct pathological views, and from which have resulted more correct therapeutic appliances. Fuller's work possesses great merit, and he has shown himself far in advance of his confreres in presenting doctrines clear and conclusive, and yet the work with all its excellencies, comes short of being just what is needed. * * Fuller teaches that rheumatism is induced by the presence in the body of an excess of either lactic or lithic acid. If this was strictly true, the treatment of the disease would be very simple. A mere tyro would know enough to give plenty of alkalies in order to neutralize acidity, at the same time administering such remedial agents as would prevent acid formations in the body.

Several years' investigations have convinced me, that although acidity may, in a majority of cases, be the "materies morbi" in rheumatism, yet in a great number of rheumatic subjects, either in the forming stage or during the progress of the disease, conditions may, and do arise, wherein the general system will be found wholly different from acidity, and requires a very different treatment from that recommended by Dr. Fuller. For this and other reasons, which will be given as we progress in the consideration of this subject, I would caution medical men not to place too firm and positive reliance in the acid theory, and too much confidence in the curative efficacy of the administration of alkalies, for the reason that all such physicians, in very many instances, will be doomed to bitter disappointment. The nature of rheumatism is not so simple, nor so easily comprehended. This leads me to inquire

### What is Rheumatism?

Rheumatism is a specific inflammation, mainly seated in fibrous and fibro-cellular tissues, characterized by fever, attended with pain, and dependent for its manifestations upon some "materies morbi" in the blood. The "materies morbi" developing rheumatism is engendered in the system in consequence of some functional derangement of one or more organs of the body, and the product thus engendered, and found in the blood, or in some of the excretions, is acid, alkaline, mixed, or of some special quality, which will depend to a very considerable degree upon

the organ or tissue, where the primary derangement is found to exist. The morbid materials most commonly found to be present in the blood or secretions are acids. They, perhaps, constitute two-thirds of rheumatic attacks. These acids are mostly found in persons of great bodily strength, and in possession of great powers of physical endurance, but at the same time in those who are heard to complain of bodily pain upon trivial exposures to cold, or atmospheric vicissitudes. Such persons are strong, muscular, and capable of bearing up under great and protracted exertions; yet, it will be found there is an unhealthy action of the skin, and kindneys. The perspiration has a sour offensive odor, the urine is voided in scanty quantities, and deposits, when cold, a brick dust sediment. Indeed it will be found that all the secretions of the body often become more or less deranged, particularly in wet weather, or when there is a changeable condition of the atmosphere, with a great amount of wet and cold, as in the month of March, when dreary winter is merging into spring. Rheumatism, in my opinion, may not only arise from a variety of causes, but from a variety of pathological conditions, each condition being dependent upon some specific "materies morbi." The existence of this particular "materies morbi," found to exist in a special attack of the disease, will depend for its existence, upon some special disturbance of the laws of assimilation.

This disturbance in some instances may be very slight, indeed so slight as scarcely to be observed, and very often leaving us in doubt to certainly determine where the physiological condition ends, and the pathological begins.

In what this disturbance essentially consists I will not take time to consider, fearing that I cannot even satisfy myself, as to its nature, but shall leave it to the time when investigations in histology shall have progressed far enough to render it a matter of positive demonstration. From the advancements which have recently been made in this special, and interesting study in the physiological, and pathological departments of medical science, it is confidently believed the delay will be but for a brief period of time. That rheumatism may be produced by different kinds of "materies morbi" in different patients, and sometimes in the same patient, I have proof that to my mind is conclusive. Believing this to be true, and capable of demonstration, there can be no hesitancy in believing that there are different types of rheumatism essentially varying in character, which variance is wholly due to the presence of some specific "materies morbi," engendered by some specific physiological disturbance. These different types will be alluded to in the proper place. The most frequent types of the disease are those dependent upon lactic and uric acids. If it is of the former, it may with propriety be called lactic rheumatism, and if of the latter, uric or lithic rheumatism.

When either or both of these acids exist in the system in too great quantities to be eliminated, there is (when there is exposure to certain outward influences) an accumulation, in a majority of instances, in the fibrous tissue developing rheumatism.

Lactic acid is the product of the transformation of the amylaceous and saccharine constituents of the food, from the decomposition of glucose, inosite or muscle sugar. It may occur in the body whenever sugar, or any substance yielding sugar is present. When in excess, it can very readily be detected in the saliva, perspiration, contents of the stomach, the urine, and sometimes in the blood. Lactic acid exists in the body in considerable quantities in a state of health, and is thought by many to have a very strong and efficient agency in the production of animal heat. When it is in excess it excites rheumatism. Its evil effects in this particular are clearly marked. Dr. Todd in his Croonian lectures, said: "As lactic acid is imperfectly excreted through its natural channels in consequence of the influence of cold in checking perspiration, and is too freely developed in the alimentary canal, it should accumulate in the blood, and become eliminated at every point. Moreover, the long continuance of the causes which produce the defective cutaneous secretion, and the deranged gastric one, will give rise to the developement of lactic acid in the secondary processes of assimilation, thus infecting the blood from every source, and tending to perpetuate the lactic diathesis, which diathesis will often upon very slight exposures of persons produce rheumatism, rheumatic gout, or neuralgia."

But not only lactic acid, but the lactates, such as lactate of soda, lactate of lime, and even the sarcolactates develop the symptoms of rheumatism in the worst forms. This, I have verified in a number of instances. I have repeatedly attended patients, a part of whom were suffering from rheumatism developed by lactic acid, and a part where the disease was owing to some one of the lactates. In 1862 there were at one time seventeen persons in the County Infirmary badly affected with rheumatism. In five the disease manifested itself in consequence of the presence of lactic acid, and in two was clearly traceable to lactate of soda. The true nature of these

cases was determined not only by chemical analysis, but by the microscope. The five cases yielded to the administration of alkalies, and the two to that of acids. The same thing has been observed in other instances. Lactic acid is found in persons where there is marked non-assimilation, where there is a sudden disappearance of fat, and a disintegration of muscular tissue. It may, and usually does occur whenever sugar, or any substance which yields sugar is present, and it makes no difference whatever, whether this proceeds from without, as in case of saccharine, and amylaceous food, or is formed within the body. It is very generally found in greater or less quantities in rheumatic patients whose previous health has been suddenly impaired, as by a sudden attack of fever, or any disease attended with a sudden and rapid wasting of fat. It is sometimes noticed after bronchitis, or repeated attacks of catarrh, and almost uniformly found where there is deficient oxidation.

We next direct attention to uric acid, sometimes called lithic acid. The profession is probably better acquainted with this than with any other cause of rheumatism. Its manifestations are very pointed and well understood. When rheumatism is developed by the presence of lithic acid, it may with propriety be called lithic rheumatism. Uric acid readily unites with alkalies forming compounds called urates. These are distinguished from other urinary deposits by becoming readily dissolved on the application of heat, and by being again deposited whenever heat is withdrawn. Urates are very numerous, and play almost, if not altogether, as important a part in rheumatism as uric acid itself. There are urate of soda, bi-urate of soda, urate and bi-urate of lime, of magnesia, and of ammonia. These urates are rapidly formed, and just as rapidly dissolved. Frequent changes will take place in the same subject, and during the same attack of disease. There may be found in the urine, mucus, sweat, saliva, or blood of a rheumatic subject to-day large quantities of uric acid, and to-morrow there may be found large quantities of urates, or bi-urates. These transitions are oftentimes very rapid. Litmus paper that will turn red when dipped in voided urine of to-day, may turn blue in that which is voided to-morrow. "Uric acid is an excrementitious substance containing large quantities of nitrogen, and is unquestionably derived from the metamorphosis of tissue." As lactic acid is commonly formed from amylaceous, and saccharine ingredients, and especially when sugar or starch comes in contact with fat, so is uric acid formed from fibrinous substances, especially, where there are large quantities of nitrogen, or even ammonia.

[To be continued.]

## TREATMENT OF PNEUMONIA.

By J. C. Mobley, M.D.,

Of Hernando, Miss.

An article on this subject by Prof. Cabell, of the University of Virginia, in the April number of the *Richmond Medical Journal*, calls special attention to the benefits to be derived from quinine in cases marked by remissions. As the field of my professional labor is in a region rife with malarial poison, and abounding in such cases, I feel it my duty to give to the profession a brief summary of my experience in the management of this disease. The cases I shall speak of were all *well marked*—physical signs unmistakeable; absence of the chlorides in the urine, etc. During the past winter I treated seven cases of this disease, all terminating favorably. In one of these cases, the disease had invaded both lower lobes; in the others, the lower lobe of one lung was alone implicated. Five of these cases were characterized by well marked remissions. Quinine promptly controlled the exacerbation of fever. In two cases the remedy was not required. During the past winter catarrhal fever presented the same disposition to remit. In the professor's paper on pneumonia, I was glad to see that he has a high estimate of "Bennett's Clinical Lectures on Medicine." It is an admirable work, and I believe it has been of inestimable service to poor suffering humanity, in combating the heroic antiphlogistic practice which so long controlled our profession. I have for five years treated pneumonia with fomentations and counter-irritation, opiates, milk punch, beef tea, etc., when the pulse is soft, quinine if there is a remission, and always the chlorate of potash in doses from five to twenty grains, repeated every half hour, hour, or two hours according to the urgency of the symptoms. I know of no other practitioner or author who advocates this use of the chlorate; but I am well assured of its very great efficiency, given in sufficient doses, when there is a want of due supply of oxygen. Those who still cling to blood-letting in this disease, do not, as formerly, claim for it the power of jugulating the inflammation, but like Chambers, in his "Renewal of Life," resort to it for its mechanical effect in restoring the equilibrium of the circulation between the right side of the heart and the lungs. To my mind the dyspnœa is not caused by any such engorgement, but is the *effect* of the loss of a *certain*

*quantity of breathing surface.* The organism endeavors by an *heroic effort* to keep up the supply of oxygen necessary to life. Supply oxygen by using the chlorate of potash, and we thereby assist the damaged lung to perform its function, and give the organism *time* to *accommodate* itself to the changed conditions, which will be done, provided the loss is not so great as to be incompatible with life. In one individual the loss of even a small quantity of breathing surface in the lung is attended with the most alarming prostration; when in another, of even less apparent vigor, a much greater deprivation of oxygen is sustained with but little immediate prostration.

This salt of potash can be taken in doses of twenty grains every hour, for many days, if necessary. If the bowels are irritable, the drug may increase the irritation, but if the case presents much difficulty of breathing, or if there is delirium, the bowels should be controlled with opium and the remedy freely used until there is an improved condition of the patient. In capillary bronchitis, this medicine used in *sufficient* doses, is inestimable. If there are others who have tried this plan of treating pneumonia, I should be glad to know how far they coincide with me in my estimate of its value. Of those who have not tried it, I would ask an impartial test of its virtues. Individual experience in the treatment of disease is only of value in aiding us to more nearly approximate the truth, by its contributing to form a part of the grand aggregate of results, which in time comes to modify and control our practice.

### Statistics of Cholera in Italy.

Some statistics of the cholera recently published in Italy, show that, during the eight months or more of its prevalence in united Italy, there were 32,577 persons attacked, of whom 12,901 died. In all cases the majority of persons were men, and the proportion of married persons over the unmarried is very decided. The poor who were attacked, numbered 15,467; but among the better classes, the ratio of mortality was far higher, in fact, 60 per cent. But few young children were attacked, and the susceptibility to the disease was most evident between the ages of twenty and thirty-five.

—— Dr. Mathew Thompson, of Mount Vernon, Ohio, while returning from the country, Wednesday afternoon, June 19, was thrown from his sulky and killed, and his body dragged about a quarter of a mile by the runaway horse. The Doctor leaves a wife and two little daughters.

—— The French students pay for diplomas in medicine and surgery, $145.00; in natural sciences and mathematics, $100.00; and in chemistry and pharmacy, $60.00. The fees are much heavier in Italy, and generally less in Germany.

# Hospital Reports.

Pennlylvania Hospital,
*March 30th*, 1867.

## Clinic of J. M. Da Costa, M. D.

Reported by Dr. Napheys.

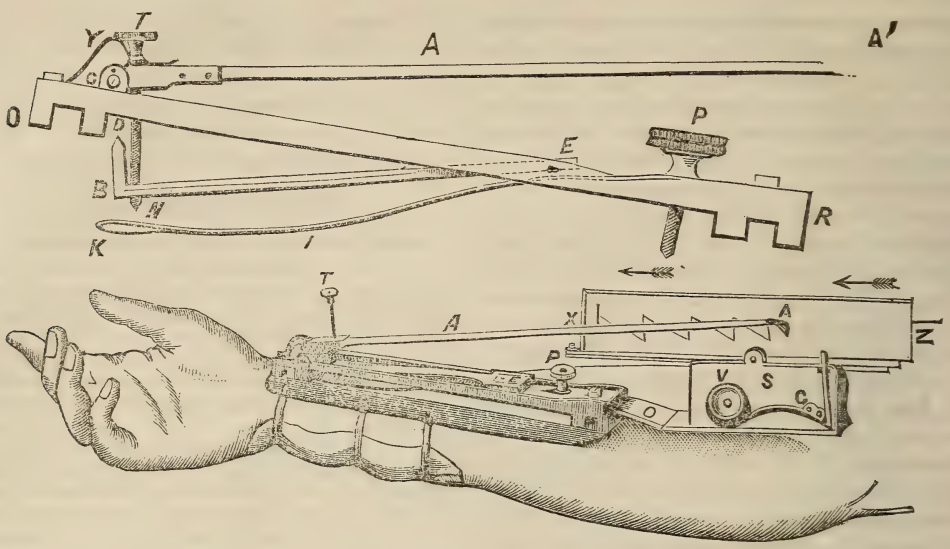
### Aortic Regurgitation, examined with the Sphygmograph.

This man has only been for a few days in the wards. He was admitted on the 27th of March, with a history of having been short of breath for a considerable time, and having had dropsical swelling and palpitation of the heart on exertion. He also states that he had enjoyed perfect health until a few years ago. For the last year he has been employed at the gas works, where, although doing light work, he has constantly suffered from palpitation on the least exertion. Œdema of the feet has presented itself lately. His appetite has continued good, bowels regular. Urine contains a moderate amount of albumen, and the microscope showed tube casts with granular epithelium. He has had considerable dyspnœa, so much that when he was admitted he was unable to lie down, and in consequence slept very poorly. Tongue, clean and moist. He has a dry, irritative cough. Dropsical swelling of the feet is now quite manifest. The œdema is most marked at the lower portion of the legs. The thighs are not œdematous. There is no dropsy of the arms, nor of the face. There is extraordinary throbbing about the vessels of the neck. The pulse, although full, does not give the impression of its completely filling the vessel; it strikes, and as quickly recedes from the finger.

With reference to the cardiac phenomena, the impulse is low down, two or three inches below the nipple, and extended, being seen in several intercostal spaces. Examining the heart by percussion, the transverse diameter is found to be six inches, and the vertical diameter also increased. On auscultation, at mid-sternum a double blowing sound is heard, extending over to the second costal cartilage, on the right side of which that portion following the impulse is by far the most distinct and harsh. There is a slight blowing sound synchronous with the impulse perceived toward the apex of the heart. There is also heard a blowing sound in the intrascapular region toward the left.

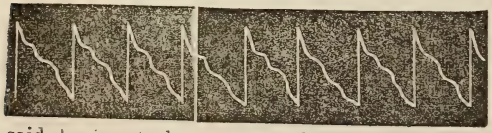
Another method of investigating diseases of the heart, still in its infancy but destined to give decided results, is by taking a tracing of the pulse and even of the heart itself. The sphygmograph which gives the tracings of the pulse was then shown to the class.

It consists essentially of a strong spring attached to a lever. In the accompanying figure the interior of the frame *O R* is represented. *I* is the steel spring, the extremity of which, *K* rests on the artery and is raised by it at each pulsation. This movement is communicated by the spring to a delicate lever *A*, moving on a pivot *C*, by means of a bar of metal *B E*, moving about the point *E*. This bar is pierced by the




screw *T N*, and terminates in an upright *B D*. The plate *B D* must be brought in contact with the under surface of the lever by means of the screw *T*, which also establishes the connection between the spring and the bar. Then the movements of the spring are transmitted to the bar, and thence through its upright to the lever. The object of the spring *Y* is to prevent the lever being projected upward too much by a quick movement, and to overcome the friction of the free extremity of the lever against the paper upon which it makes the record. After having, by means of the button *V*, wound up the box, which contains clock work of the most delicate kind, the instrument is fastened on the wrist over the radial artery. Then the prepared slide upon which the tracing is to be made, is inserted on the dial *X N*, the pen inked with fluid ink, the dial set in motion by the regulator *G*, and the record of the pulse made.

The instrument was thus adjusted on the wrist of the patient, and a perfectly characteristic record obtained, as seen in figure. Dr. Da Costa



said, having had some experience in the use of the sphygmograph, he did not hesitate to say that in this case he could have made the diagnosis of the heart disease without having seen the patient, merely from the record furnished by the instrument, so well-marked and characteristic were the tracings. Each normal revolution of the heart gives a line of ascent, a little summit, generally transverse, and a line of descent, which generally shows one or two undulations.

The line of ascent corresponds with the ventricular systole, with the filling of the artery with blood; the summit is the period between the filling with blood and its passage onward; whereas the line of descent represents the period which elapses between the closure of the semilunar valves of the aorta and the next contraction of the heart. In the latter line, there is usually produced that little movement which may be called the natural dichrotism, it having been found by observation that there is a dichrotism in each descent of the cardiac pulsation. When the line of ascent is straight, strong, and long, there is increased power of the heart. A great height of ascent, and merely a little point at the summit, no matter what the line of descent may be, is characteristic of aortic regurgitation, as is obtained in this case.

To prove that this is not simply the result of an accidental observation, the tracings obtained in two other cases of the same valvular lesion were exhibited, and they were found to correspond with this. It has been fully determined by repeated observations that a line of a long ascent with a mere point or hook, as it were at the end, marks aortic regurgitation, and as far as has been investigated, has not been found in any other cardiac malady. The left pulse shows this less markedly in this case than the right.

One advantage of this graphical method of investigating diseases of the heart, is, that it preserves an accurate record, which may be kept for future reference, or transmitted to any one versed in reading the traces, who would be enabled to form his own opinion as regards the diagnosis of the condition of the patient, although he had never seen him. It is not, however, so much on this account that the instrument recommends itself, but it is rather because it promises considerable with reference to the accurate diagnosis of cardiac disease in regard to the exact state of the ventricles and auricles, and the co-existence of valvular lesions. It can also readily be turned to practical advantage in treatment.

The proper treatment of disease of the heart, is indeed in some instances difficult to fix upon, because although the kind of valvular disease may be determined with more or less accuracy, and also whether there be hypertrophy or dilatation

present, yet the amount of power in the heart, the exact state of the ventricular contractions, whether or not there be much irregularity, may escape notice. Yet upon such considerations may turn the question what plan of therapeutics will be likely to be the most successful.

### Laryngeal Phthisis.

Wm. McD., æt. 45. He was admitted on the 13th of February last. He stated that after exposure of eight weeks he took cold, which was followed by sore throat and hoarseness for two weeks. He had been temperate; there was no syphilitic taint, and no history of hereditary disease. When he was admitted, the man was in fair general condition, his voice was hoarse but not lost as it now is. He was pale and troubled by a cough, spitting considerable frothy serum, mixed here and there with some pus. The sputa were not then, and have not to this day been streaked with blood. His appetite was good, but there was even then some pain on swallowing, though he stated repeatedly, there was no pain on pressure over the larynx.

Very soon after he was admitted into the house, he was examined with the laryngoscope, and there was found a superficial ulceration of the right ventricular band, the so-called false vocal cord. The true vocal cords were perfectly capable of approximating, and did not present any loss of substance. In a recent investigation, distinct yellowish lines of ulceration were seen on the surface of the true vocal cords, whereas the swelling of the false cords, so great at first, had materially diminished.

At the time the man was first admitted there were no obvious signs of disease of the lungs. Over and over again had Dr. Da Costa critically examined the apices of his lungs, and been unable, at that time, to detect anything by which he should have liked to pronounce upon the existence of an affection of those organs.

The difficulty in swallowing rather increased; the voice was gradually lost until now there is complete aphonia, and about six weeks since it was noticed that the percussion was of higher pitch on the right side anteriorly than on the left, that there were some rales developing there and signs of infiltration taking place in the right apex. This state of things went on; the man failed constitutionally greatly; the cough rather increased, still preserving very much an irritative character, with much froth and little purulent expectoration, and the signs of deposition in the lungs became very much more manifest.

Examining the case this morning, it is one of confirmed phthisis. There is under the right apex distant crackling and signs of softening. Crackling too is evident over portion of the left lung, with harsh breathing, but no signs of softening. You perceive the emanciated condition of our patient; his appitite is almost gone; he can only swollow fluid now. There is now a little tenderness on pressing between the hyoid bone and thyroid cartilage. Tenderness has not, however, been a previous symptom of this case. He sweats a little at night, but not much. His sputum now is very much changed from what it was. It is nummular, not nearly as frothy and very much thicker in every respect.

This is a case of so-called laryngeal phthisis, tubercular laryngitis with phthisis. It may be asked if there is anything specific about the appearance of the larynx in this disease, any peculiar kind of deposit there present. The answer is no. Since the laryngoscope has been introduced into practice, a great deal has been done in the way of studying the exact laryngeal lesions which complicate tubercle of the lungs. Dr. Da Costa has examined a large number of cases with this view, and has came to this conclusion, that in cases of phthisis in which there are laryngeal symptoms, such as loss of voice, more or less difficulty in swallowing, irritative cough, there may be nothing but simple thickening of the vocal cords, as occurs from mere catarrhal inflammation, or there may be ulcerations, one or many, in fact various and most dissimilar kinds of lesions.

But Dr. Da Costa has not been able to satisfy himself that there is such a thing as a tubercular ulcer in the larynx, one which when reflected in the laryngoscopic mirror enables the examiner to determine its tubercular character.

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Pennsyavania Hospital,
*March 16th*, 1867.

## Surgical Clinic of Dr. Agnew.

Reported by Dr. Napheys.

### Rhino-plastic Operation.

This man met with an accident some five or six months ago in having a portion of his nose bitten out, so as to leave a considerable opening in the side through the lateral cartilage, leaving a strip around the anterior naris. The circumference of the opening is cicatricial tissue. The column of the nose was detached at the time of the accident, and was connected in such a way as to give it an inordinate breadth.

It is proposed to attempt some operation for the relief of the deformity; many methods suggest themselves for accomplishing this object. It might be effected by making an incision through the column of the nose, spliting it down and carrying it over, freshening both sides, attaching them and making a new naris. The difficulty would be that, in consequence of the number of raw surfaces, before the healing process was complete, the anterior naris would be so contracted as to be in great measure obliterated and useless. Another method which suggests itself is to make a cut directly through the cartilage, going around the circumference of the bony naris, and allowing the present cartilaginous naris to remain, filling up the gap by a piece from the side of the cheek. These methods are objectionable. The operation which will be performed in this case will be to make a triangular cut, apex upward, by pressing the knife directly through the cartilage, and then pulling the parts detached down over the chasm to the lower portion, leaving a gap which can be filled up by approximating the integument behind.

In all of these operations it is extremely important that an accurate knowledge should be

had of the blood-vessels supplying the part. Especial care will be taken in this case not to divide the laterales nasi.

The patient was placed under the influence of ether, and the operation performed in the manner indicated. Approximation was made by means of silver wire, drawn out so fine as to be almost as flexible and manageable as silk thread. Warm water dressings were applied to invite an access of blood to the part, and ensure the vitality of the structures.

### Fracture of the Skull.

This lad, 12 years old, fell through four stories in a factory, fracturing his left thigh and his skull, inflicting a triangular wound about one and a half inches above the right orbit.

A hard piece of walnut wood, 2½ inches long, was buried in the anterior lobe of the right hemisphere. When brought into the hospital last night he became perfectly unconscious in a few minutes. Pulse 60, no convulsions, respiration laboring. The piece of wood was removed, since which he has been conscious; he has no paralysis; pulse 80. Pupils respond very well to the light. On opening the right eye a little extravasation is observed under the conjunctiva, which has probably leaked down through the orbital plate of the frontal bone, an evidence of fracture of this part of the base of the skull. It does not follow, however, it may occur simply from contusion. A little blood is welling out from the wound. A probe passed down comes in contact with the roof of the orbit, and shows a crevice or fissure there. His tongue is a little tremulous. He answers questions promptly and intelligently. His skin is warm, and the functions of bladder and bowels are unimpaired.

Of course, in a case of this kind, the first indication is to remove every thing producing pressure upon the brain. Fragments of bone should be carefully removed, and any shreds or cerebral matter, or loose or ragged ends of the menbranes of the brain lying out of the wound ought to be cut away. Hemorrhage is not likely to be profuse. Then all that can be done is to place the patient with his head moderately elevated, the hair being shaved off entirely and cold applied.

The great risk of this boy lies in the future. Danger is to be apprehended from inflammation of the membranes of the brain, or from the formation of an abscess in the substance of the anterior lobe.

To prevent this he will be placed on small doses of mercury, which agent certainly has an influence in counteracting any tendency to inflammation, either of the brain or its membranes. It will be given in small doses, but in a sufficient amount to produce an alterative effect. The administration of this medicine, with cold applications to the head, and proper nourishment, is all that can be done at present.* The fracture of the thigh will be treated by the apparatus uniformly employed in this hospital.

* This lad recovered without any unusual symptoms. Some necrosed bone was removed from the frontal bone in the course of the cure.

# Medical Societies.

## MEDICAL SOCIETY OF THE STATE OF OHIO.

First Day.—*Tuesday, June 11th*, 1867.

The Medical Society of Ohio held its annual meeting at Yellow Springs on Tuesday and Wednesday, June 11th and 12th. Dr. J. W. Hamilton, of Columbus, in the chair, and Dr. E. B. Stevens, of Cincinnati, Secretary. About fifty members were present.

A number of new members were elected.

Dr. G. W. Maris, of Columbus, read a paper on the National Code of Medical Ethics.

A learned paper on rheumatism and its treatment, was read by Dr. J. L. Firestone.

The most interesting feature of the Medical Convention the first day was the report of the Committee as to the number and condition of the incurable insane of the State. The Committee consisted of Drs. Pearce and Brown, and was appointed in 1865. As only a partial report could be made last year, the committee was continued, with instructions to complete their investigations, and report at the next annnal meeting.

Their plan of operation was to send circulars, containing a list of questions, to the Probate Judges of the eighteen counties not yet heard from, requesting them to deliver the circulars to the physicians in charge of County Infirmaries. Reports were received by the Committee from thirteen counties. Of these only seven have County Infirmaries, and the total number of incurable insane in them is 89, of which 87 are white and 2 colored; 40 male and 49 females. The total number who are handcuffed or shackled is 16—males 8, females 8. There are 17 incurable insane, who are not provided for at Infirmaries. In answer to the question whether whipping or physical punishment of any kind is ever inflicted, one county answers "a few drops of hickory oil, with the switch." Another says "yes, with the rod;" and a third replies "with the shower bath." All the rest say "no," or decline to answer. From the 87 counties in the State 82 reports have been received. Of these, 60 have each a County Infirmary, 2 have city Infirmaries and 20 have neither. The Infirmaries contain, in the aggregate, 759 incurable insane, 753 white, and 6 colored. In those Infirmaries, containing both white and colored incurable insane, there is no distinction made in the manner of their treatment; 325 are males, 403 females; 55 are handcuffed or shackled in some way. Thirty-two are confined in the country jails; nine are supported by friends, and thirty-six by townships.

This Committee petitioned the Legislature last winter to provide for the erection of a State Lunatic Asylum for incurables. In that petition they say: "There are 62 Infirmaries, 288 confined or imprisoned, 55 of whom are shackled in some way; 32 are confined in County Jails, many of whom are fettered in like manner. It also appears that the numbers of males and females are about equal. Too little attention is paid to the separation of the sexes, some of them being habitually nude and others nearly so, daily ex-

posed to the observations of the opposite sex. In many instances there is filthiness of person and apartments, neglect of ventilation, absence of all medical and hygienic treatment and moral and religious influences, which their disease requires; and, as if to add to their misery, and if possible to aggravate and confirm their insanity beyond hope of recovery, they are, in some County Infirmaries and Jails, punished with rawhides, rod, or shower-bath."

SECOND DAY.—*Wednesday, June 12th.*

After miscellaneous exercises a paper was read by Dr. COONS, of Butler country, on Physical Education in our public schools. The Society then proceeded to the election of officers for the ensuing year, with the following result: President—Dr. E. B. STEVENS, of Cincinnati; Vice Presidents—R. RODGERS, of Clark county, C. P. LANDERS, of Franklin, B. B. LEONARD, of Logan, D. NOBLE, of Highland; First Secretary—W. C. HALL, of Brown county; Second—J. N. WEAVER, of Wayne; Treasurer—J. B. THOMPSON, of Franklin; Committee on Admissions—J. L. Drake, of Warren, H. Coleman, of Miami, J. N. Beach, of Franklin, W. D. Scarf, of Logan, J. D. Edwards, of Greene.

After the delivery of the retiring President's address, this afternoon, Dr. DAVIS, of Cincinnati, read a highly interesting paper on cholera, which was ordered to be printed.

The Convention adjourned, to meet at Yellow Springs again the first Tuesday of June, 1868.

The entertainment given at the Yellow Springs House was a splendid affair. About five hundred persons were present. A fine supper was served up, after which speeches were made by Drs. Stevens, Hamilton and Wright. At the close of the entertainment the Society passed a unanimous vote of thanks to the ladies of Yellow Springs who provided the intertainment.

*List of Special Committees to Report June* 1, 1868.

*Puerperal Convulsions*—Dr. Thad. A. Reamy, Zanesville.

*Aural Surgery*—Dr. A. Metz, Massillon.

*Surgery*—Dr. W. H. Mussey, Cincinnati.

*Amputations*—Dr. R. L. Sweeny, Marion.

*Ovariotomy*—Dr. A. Dunlap, Springfield.

*Prac. of Medicine*—Dr. W. J. Scott, Cleveland.

*Military Surgery*—Dr. N. Gay, Columbus.

*Obituaries*—Dr. B. B. Leonard, West Liberty.

*Orthopedic Surgery*—Dr. F. B. McNeil, Troy.

*Diseases of the Eyes*—Dr. J. W. Hamilton, Columbus.

*Medical Observations in New Mexico*—Dr. G. S. Courtright, Cincinnati.

*The Microscope*—Dr. W. C. Hall, Fayetteville.

*Hypodermic Medication*—Dr. J. M. Weaver, Wooster.

*Amputations, Primary and Secondary*—Dr. J. G. Kyle, Xenia.

*Incurable Insane of Ohio*—Drs. Brown, Pearce and Hamilton.

*Cerebro-Spinal Meningitis*—Dr. Isaac Kay, Springfield.

*Delegates to Indiana State Medical Society*—Drs. Jno. A. Murphy, J. G. Kyle.

*Delegates to Kentucky State Medical Society*—Drs. G. M. Boyd, W. P. Kincaid.

### Sumter Co. (Ala.) Medical Society.

The Sumter County Medical Society met at Livingston, Ala., June 3d, in the office of Dr. R. D. Webb.

Dr. A. H. SMITH, President; Dr. E. H. SHOLL, Vice-President.

Members present: Drs. M. C. Kinnard, J. F. Godfrey, J. C. Houston, J. A. Smith, and R. D. Webb. Dr. B. F. Smith was elected a member.

Minutes of former meeting read and approved.

Dr. J. A. GODFREY read an interesting essay on the "The Theories of Medicine; or, the Tendency of the Profession to Run into Extremes." A copy of this, by resolution of the Society, was requested for publication.

Dr. M. C. KINNARD read an essay on "Some of the Grave Forms of Malarious Diseases." This elicited a general discussion on the treatment of these diseases.

Dr. SHOLL gave his experience in the use of bromide of potassium as an anodyne; the hypodermic application of medicines by means of the syringe manufactured for that purpose; and spoke of some peculiar discoloration of the fauces and uvula as a diagnostic sign of typhoid fever.

Dr. R. D. WEBB read an essay on "The Rationale of Erect Vision," explaining it upon anatomical principles instead of "habit."

Veratrum viride was selected as a subject of special investigation for the next meeting.

Drs. J. A. Smith, I. F. Pearson, and W. J. McMahon, were appointed as essayists for the next meeting.

Adjourned to meet 1st Monday in November next.

A. H. SMITH, *President.*

R. D. WEBB, *Secretary.*

### Maine Medical Associations.

At the annual meeting of the Maine Medical Association held at Portland on Tuesday, June 18th, the following officers were chosen for the ensuing year:

President— Dr. CYRUS BRIGGS, of Augusta; 1st Vice President—Dr. JOHN G. BROOKS, of Belfast; 2d Vice President—Dr. THOMAS N. BROWN, of Paris; Recording Secretary—Dr. E. HOWARD VOSE, of Gorham; Corresponding Secretary—Dr. LEWIS W. PENDLETON, of Belfast: Treasurer—Dr. THOMAS A. FOSTER, of Portland. Standing Committees—Drs. George H. Chadwick, of Portland, M. C. Wedgewood, of Lewiston, George E. Brickett, of Augusta, Eugene F. Sanger, of Bangor, P. H. Harding, of Ellsworth.

The next session of the Association will be held in that city in December next.

### Density of Ozone.

M. SORET has proved the density of ozone to be one and a half times that of oxygen, by the test of diffusion, the relative velocities of which correspond to the theoretical calculation on the assumption of the above proportion; as well as by conparisons of volume, in which it is found that by converting ozone into oxygen, its volume is increased one half.

# Editorial Department.

## Periscope.

**Pubic Version in Utero.—The Woman placed on her Knees and Chest.**

Dr. Alex. Hadden, in a communication to the *New York Medical Record*, refers to an article published by him in that journal for August 15, 1866, in which he had suggested the position on the knees and chest in the operation of pubic version, and gives the following cases that have occurred in his practice since.

I. Mrs. N——, 28 years of age, in her fourth confinement. When I reached her bedside, I ascertained that she had been in labor several hours, and that her pains had been very strong. I examined her, and found the umbilical cord presenting, prolapsed about twelve inches, cold and feebly pulsating; also the body of the child lying transversely, considerably impacted. I placed the woman in the position above described; administered chloroform; returned the cord by Dr. T. G. Thomas's method, and without withdrawing my hand or changing the woman's position, seized the foot, and turned and delivered the child in a few moments' time, successfully, alive and uninjured.

II. Mrs. D——, aged 35, in her eighth confinement. This case was similar to that of Mrs. N——, excepting the funis was not prolapsed; the side of the child presenting. I arranged her in the same position, and operated in the same manner, without administering chloroform, with like success. Anæsthesia was not resorted to in consequence of her preference to suffer.

III. Mrs. B——, in her fifth confinement, aged 30. In this case the shoulder was presenting, and so impacted that it was difficult to distinguish it from a breech-presentation. On being satisfied that it was not breech, I placed her in the position required by the method, administered chloroform, and performed the operation with the same success as related in the other cases. Mother and child doing well as the above.

The position of the women in these three instances, I am thoroughly convinced, rendered operations very easy, which otherwise would have been very difficult.

The advantages gained over the usual method by thus operating are obvious to any practical obstetrician.

The first is the relaxation of the vaginal sphincter and walls; the second, the gravitation of uterine contents relieving impaction; the third, the retaining of the amniotic fluid during the operation; the fourth, the hand and arm may be introduced into the uterine cavity more nearly on a line of the axis of the superior strait, the cervix and perineum being yielding.

—— We are glad to learn that our townsman, Sam'l S. White, receives a medal at the Paris Exposition for artificial teeth.

# Reviews and Book Notices.

**NOTES ON BOOKS.**

Western publishers are by no means deficient either in sound judgement in the selection of scientific works, good taste in "getting them up," to use a trade term, or energy in pushing on the market.

For instance we notice that Robert Clarke & Co., in Cincinnati, have in press and will issue, in a few days, a work on the "Micro-Chemistry of Poisons: including their Physiological, Pathological, and Legal Relations; adapted to the use of the medical jurist, physician, and general chemist," by Dr. Theo. G. Wormley, Professor of Chemistry and Toxicology in Starling Medical College, and of Natural Sciences in Capital University, Columbus, Ohio. It will contain seventy-eight illustrations upon steel, and will be in the form of a royal 8vo. volume of over 700 pages.

The University Medical Press of Nashville has recently republished in pamphlet form some valuable papers from the *Nashville Medical Journal*, by Dr. J. Jones, entitled Researches on "Spurious Vaccination" in the Confederate Army, 1861–65," 8vo., pp. 164.

A. Simpson & Co., a new publishing house recently established in New York City, in connection with the Agathynian Press, for the purpose of issuing useful and valuable books in the highest style of the typographical art, announces for early publication several select works by English and American authors, among which are, "The Reasoning Power in Animals," by the Rev. John Selby Watson; "Physiology at the Farm, in Aid of Rearing and Feeding the Live Stock," by Wm. Seller, M. D., etc., and Henry Stephens; "A Manual of Minor Surgery and Surgical Dressings," by James L. Little M. D., Lecturer on Operative Surgery and Surgical Dressings in the College of Physicians and Surgeons, New York; "A Treatise on Emotional Disorders of the Sympathetic System of Nerves," by Wm. Murray, M.D. etc.; "Light: Its Influence on Life and Health," by Forbes Winslow, M.D.; "A Treatise on Melancholy," from the French of Dr. E. Du Vivier.

The same firm publish the "*New York Medical Journal*," and the "*Quarterly Journal of Psychological Medicine and Medical Jurisprudence*," both of which are edited by Dr. William A. Hammond, formerly Surgeon General, U. S. Army. In the former his *collaborateur* is Dr. E. S. Dunster, formerly Ass't Surgeon, U. S. A., whose name goes far to assure us of its excellence.

All these publications are promised us on the best of paper, and with the most unexceptionable typography.

Among announcements of medical works we notice:

HENRY C. LEA, of Philadelphia; "HUDSON'S Lectures on the Study of Fever." "LAWSON on Injuries of the Eye." "WALES on Bandaging and the Operations of Surgery." "RICHARDSON on Local Anæsthesia."

Of somewhat imaginative character, we presume, are the "Leaves from a Physician's Journal." By D. E. SMITH, M. D. 12mo. pp. 336. *New York Pub. Co., N. Y.* Cloth, $1.50.

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### A Useful Book.

We have seen the proof sheets of a work just passing through the press of H. C. LEA, of this city, entitled *Essentials of the Principles and Practice of Medicine;* a Handy Book for Students and Practitioners. By HENRY HARTSHORNE, M. D., Professor of Hygiene in the University of Pennsylvania, etc. etc. This is intended to be the most condensed treatise on the Science and Practice of Medicine yet published; its brevity being attained, not by omission, but by conciseness, and judicious selection and arrangement of matter. The first part of the work is an amplification of portions of Dr. HARTSHORNE'S *Memoranda Medica*, which has been for some time out of print. The second, and larger part is devoted entirely to practice.

Withholding an extended notice of the book until it is issued, we may remark that Dr. HARTSHORNE'S powers of condensation and judgment as a medical writer have been made known to the profession in the "Memoranda" just referred to, in his excellent monographs on Glycerine, and Cholera, and in numerous contributions to the REPORTER and other medical journals. He has evidently spared no research to make this work complete; all the newer subjects being treated of, such as, aphasia, locomotor ataxy, inhalation, laryngoscopy, hypodermic medication, etc. For reference in daily practice, its systematic arrangement, with a valuable appendix of formulæ is very convenient; while its thoroughness, and yet small size, will make it especially useful as a text-book for medieal students. *

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**Report on Epidemic Cholera in the Army of the United States during the year 1866.** By Brevet Lieut. Col. J. J. WOODWARD, Assistant Surgeon, U. S. A., (Circ. No. 5, War Dept., Surg. Gen.'s Office, 1867.)

Out of a total mean strength of 12,780 men exposed last summer in the operations of our army to cholera infection there were 2708 cases of the disease and 1207 deaths. This is a portentous proportion; in round numbers twenty per cent. of cases, and ten per cent. of deaths. From the admirably classified report of Dr. WOODWARD it appears that in every instance the disease could be traced to exposure, and thus the practical advantages of quarantine and disinfectants are luminously displayed. A striking example is mentioned on p. 42. In San Antonio, Texas, there occurred six hundred deaths, not a house escaped, except a Roman Catholic convent in the centre of the city, which closed its doors at the outbreak of the disease. Though crowded with students, it enjoyed entire immunity. Four martyrs to their duties fell in the medical staff of the army, sad proofs of their own heroism and the communicability of the disease. Dr J. T. CALHOUN, JOHN E. MCDONALD, J. F. BURDETT, SAMUEL CATLIN, and perhaps BENJAMIN HOBBS, (though his disease was reported as gastro-enteritis.) Very little that is satisfactory can be derived from the reports in reference to treatment.

Dilute sulphuric acid is spoken of by Dr. J. F. HAMMOND and others, as efficacious in restraining the diarrahœa so prevalent when cholera abounds. SQUIBBS Compound Tincture of Opium is recommended for the same purpose, while Dr. SIM'S Chlorodyne Mixture is stigmatized as "futile." p. 30. Chloroform, simple, with laudamun, or with camphor dissolved in it, was tried in a number of cases with no positive results beyond its anodyne effects. In half drachm-doses the latter mixture would seem to have done the best, especially for the cramps and vomiting. "Champagne Frappe," which was tried in the case of an officer (p. 43), proved admirable for the same purpose, and is to be recommended on the score of pleasantness. Hypodermic injections of sulphate of morphia were found beneficial in reducing irritability of the stomach. Surgeon JOHN VANSANT lauds strychnia in the highest terms; "the medicine," he says, "which seemed to me to be incomparably more efficacious than any other I used, in checking the watery diarrahœa, allaying the nausea, removing the distressing and painful sensations about the epigastrium; in short, in arresting and curing the disease when not too far advanced, is strychina. I gave it usually in watery solution, (dissolved in a little acetic or sulphuric acid,) in doses of one-tenth of a grain, repeated according to the urgency of the symptoms, but rarely oftener than every two hours, until three or four doses were taken," (p. 57.) The same remedy has been extolled in various English journals during the last twelve months, and deserves a fair trial. The Circular closes with a Report on Disinfectants and their use in connection with cholera, by Dr. B. F. CRAIG. This report is full of valuable practical suggestions.

Medical and Surgical Reporter.

PHILADELPHIA, JULY 6, 1867.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

## CHOLERA AND ITS PREVENTION.

The probability of the re-appearance and spread of cholera in this country during the present year seems to be rapidly gaining credit among those who are familiar with its former history and progress. Its prevalence in Germany, in the spring and summer of 1866, was limited to a very few districts, and it made but little impression in the chief centres of population—London, Paris, or Vienna—yet it found its way to New York and other American cities, and suddenly struck down several thousand human beings, and was only arrested by the adoption of the strictest sanitary measures, prominent among which was the free use of disinfectants. In the autumn it seemed to wholly disappear, and gave us hope of its entire eradication. Since then, however, it has spread widely over a large portion of Europe—especially France, England, Germany, and Italy. During the winter it was reproduced in Greece and Turkey, where it made its first appearance last year. In England hardly a case occurred during the past summer, yet in Liverpool 1700 deaths from cholera were reported after the cold fall weather set in, besides 1000 from diarrhœa and similar maladies. In December last, too, eight vessels arrived at the port of New York with cholera on board.

These facts are significant, and show that summer is not the only season when cholera may prevail, although it is usually more active then; but even the coldest weather is not a complete check to its growth and advancement.

And the premonitions to which we have already adverted, that have been occurring in many parts of our own and in other countries during the past six months, all go to demonstrate that the disease has not yet been "stamped out," and is liable to recur on the slightest provocation. We may therefore safely assume that we are liable to a return of the disease this summer and fall, both by importation and domestic origin, for neither our great cities, nor the country at large can be said to be in a condition less favorable to its prevalence than heretofore, and we know with what virulence it has broken out at various points throughout the country within the past year.

It becomes, therefore, the solemn duty of every individual, especially those on whom rest the responsibility for the sanitary condition of dwellings, hotels, schools, factories, workshops, prisons, hospitals, ships and other vessels, and all places where crowds of people assemble, to see to the adoption of measures best calculated to prevent another visitation of cholera or of any other malady that may be brought on or increased by foul emanations in filthy and crowded localities.

In the Reporter for June 15th we called attention to the progress made of late years in the control of cholera and other diseases. Prominent among the means employed for this purpose, we mentioned the use of disinfectants, and quoted from a letter of Dr. Elisha Harris to the President of the Metropolitan Board of Health, in which he spoke of their great importance, and mentioned some of the most prominent disinfectants hitherto in use. We shall also soon give a classified list of these, with directions for their proper application. The difficulty with these disinfectants, however, is their costliness. This has prevented their coming into *common use.* To be practically useful to *the people*, a disinfectant should be *cheap*, as well as *good.* A laboring man should be able to go to a drug or grocery store, and for a few pennies buy a pound of disinfectant that will neutralize foul emanations, and not merely substitute one bad smell for another.

We have, heretofore, on two or three occasions called attention to disinfectants that were sold at moderate prices, but we have lately become cognizant of a compound which possesses all the requisites of a good disinfectant, which can be sold at less than half the price of any other that has been offered to the public. It is called "The Thorough Disinfectant," and we are glad to learn that some prominent physicians and sanitarians of New York, where the inventor of the compound resides, are engaged in the laudable effort of having the formula disseminated throughout the country in a way to make it available for the purpose of a general, reliable, and at the same time cheap, disinfectant.

As we are assured that the ingredients for its composition can be obtained in almost every locality, and at a mere tithe of the cost of other disinfectants of even less value, it is to be hoped that it will not be long ere the formula will be scattered broad-cast over the land, in a way the best calculated to make the use of the "Thorough Disinfectant" universal.

Some knowledge of its ingredients, and wonderful antiseptic properties, and observation of its effects, have given us a very high opinion of its value, and will lead us to do what we can to promote the introduction of this excellent article, in the belief that it will add to the comfort and ele-

vate the sanitary condition of our households and the community generally, when it comes to be fully known.

Cholera, and some other forms of zymotic diseases, can be much more easily prevented than cured, and anything that will neutralize foul animal effluvia, the chief promoter of this class of diseases, is well worthy of being extensively known and used.

## TRANSACTIONS OF STATE MEDICAL SOCIETIES.

When the Pennsylvania State Medical Society held its last session in Pittsburgh, it was intended by several delegates to bring before it the question of memoralizing the Legislature to print its Transactions at the public expense. Certain circumstances prevented this from being moved at the time, but the feeling of its advisability is widely entertained. New York and Massachusetts print and distribute as public documents the Transactions of their State Medical Societies, and thus diffuse among the people, valuable information, which ultimately brings in a return to the commonwealth in the improved health and sounder hygienic culture of the masses. Such action would also stimulate a State Society to extend and perfect its organization throughout every county and every village within its territory. It would induce the compilation of careful statistics, and allow the funds now expended in printing, to be used for extended investigations, and the publication of special reports.

The only objection we have heard offered to the plan is, that it would lead one and another class of practitioners, devotees to some special theory, to saddle the public with the printing of their transactions likewise. This has been the case in New York, and we recognize the force of the objection. But, will they not attempt it anyhow? And after all, if we have faith in the grand old maxim, that give truth and error a fair field, the former needs no odds, why should we hestitate on this ground?

The course now proposed by one of the most honored members of the State Society, and which we are glad, by means of the extended circulation of the Reporter, to bring to the notice of physicians both in this and other States, is for the county societies to draw up and sign a petition to their respective State legislatures, to be presented by the president of the State Society, or other designated person, setting forth the advantages which the commonwealth will derive from thus encouraging medical science, and the propriety of the appropriation on general grounds. Will they not generally respond to this appeal? Will not this word to the wise be sufficient to ensure a commencement of the undertaking?

## MEDICAL COLLEGES IN PHILADELPHIA

There are two colleges in this city where legitimate, rational medicine is taught, the Medical Department of the University of Pennsylvania, and the Jefferson Medical College. Both these schools have able faculties, and full classes, and are well known as the leading schools of the country.

We mention these facts simply to say that the Legislature of our State has very improperly, as we think, granted charters to one or two irregular schools of medicine located in this city, which have assumed a portion of the corporate title of one of our oldest regular schools, which as an institution of learning, has long been a credit to our state, and the pride of our city. We know that a few students have been deceived by the advertisements of these irregular schools into taking their tickets, and found out their error when it was too late.

But efforts of this kind will not succeed. They may, as they have done, inveigle a few students into their doors, but the staple of the lectures delivered, will not satisfy the desires of the genuine student, and the very means made use of to bring them into notoriety will be their ultimate destruction.

One of these concerns recently had the effrontery to endeavor to inveigle into their faculty a prominent member of our profession, in a neighboring city, by making false representations to him; but, fortunately for his reputation, he was advised of the character of the school before he had in the slightest degree committed himself.

We would respectfully suggest whether it is not unjust to our medical colleges, which have established a reputation, and are justly the pride of our city and State, for the Legislature to charter other institutions here, which may be in the end a libel on medical education, by names which are liable, if they are not intended, to deceive the unwary.

## A HOSPITAL FOR THE INSANE POOR OF PHILADELPHIA.

A correspondent writes, "Philadelphia should build a good hospital for her insane." To the consummation of this desirable object we devoted several years of earnest thought and labor. But just when it seemed as if success was about to crown our efforts, other counsels prevailed, and the project has been delayed—not defeated, for

we cannot believe that Philadelphia will be content to remain long "far behind" most other large cities, in its provision for its insane poor. The unnatural and indefensible association of this unfortunate class, in an immense almshouse, in a building not well adapted to curative treatment, and in association with a class of people, a large portion of whom should properly be in a House of Correction, tends to protract cases of insanity, which under more favorable circumstances, might be speedily cured.

We trust that the time is not far distant when more humane counsels will prevail in regard to the management of the insane poor of this city—when they will be regarded less in the light of "paupers," and more in that of afflicted human beings, for whose restoration to reason and society every appliance suggested by modern experience in the treatment of insanity should be used under the superintendence and advice of competent medical men, rather than of time-servers and politicians. In the end, this would be found to be true economy.

# Notes and Comments.

### Back Volumes of the Reporter.

Those who desire to complete their files of the Reporter, should do so at once, as the opportunity to do so cannot last much longer. These volumes contain an immense amount of valuable material in all departments of medical literature.

For particulars, and for a list of numbers we need to complete our files, see notice on last page of this number.

### The Albany Medical College.

This college had a very large class at its last session, and there were fifty-three graduates. It has a very able faculty, which gives the school an excellent reputation. The following are recent appointments on the faculty—S. Oakley Vanderpoel, M. D., General Pathology and Clinical Medicine; James E. Pomfret, M. D., Physiology; John V. Lansing, M. D., Materia Medica.

### The Texas Medical Journal.

We have received the Prospectus of *The Texas Medical Journal*, to be edited by Drs. J. Boring and Wm. H. Gantt, and published at Galveston. It is to be a monthly octavo of eighty pages, $6 per annum in advance. It begins with July.

Nothing is said about the *Galveston Medical Journal*, but, as Dr. Dowell is going to Europe, we suppose that retires from the field, for we do not imagine that it is expected that two medical journals will be sustained in Texas. Drs. Boring and Gantt are connected with the *Galveston Medical College*. We shall greet the new journal, and bespeak for it in advance, the good will and support of the profession.

### The Physician's Pocket Record.

This pocket companion and visiting list for the practising physician, is rapidly growing in favor. There is a constant sale for it, as it is adapted to use at any season of the year. It can be supplied at all times, and there is a prospect of a very heavy sale of it during the coming fall and winter.

The priced list of new remedies, classified list of medicines, with their doses and market value, fee-tables, and various other features, commend it to the favor of the profession.

### Private Medical Teaching in Philadelphia.

There are various associations connected with the two medical colleges in this city for giving private instruction to medical students. Connected with these, are some of the promising young men in our profession. Among the most enterprising and energetic of these associations, is the Philadelphia Summer School of Medicine, in which Dr. H. Lenox Hodge and his associates are the instructors, and which has become quite a favorite with medical students. We are glad to know that it is well worthy of a liberal support.

### The Legality of Fee-bills.

"Judge Wylie, of the Supreme Court of the District of Columbia, yesterday gave an opinion that the combination of physicians to regulate their fees was an illegal combination. He reduced a physician's bill against a defendant to an amount equal to his previous charges—one-half of the attempted increase."—*Wash. dispatch.*

Will this decision of Judge Wylie's reach other "combinations" for creating and maintaining high prices? If it costs a physician double the amount to live that it formerly did, how is he to live if he is debarred by legal decisions from increasing his fees? If the defendant in the above case was a grocer, is it "legal" for him to charge his physician one hundred per cent. more for the necessaries of life than formerly, and then refuse to pay his physician a corresponding increase for professional services rendered? This may be law, but we fail to see where the justice comes in.

☞ Robert E. Rogers, M. D., Professor of Chemistry in the University of Pennsylvania, sailed for Europe in the Persia, on the 26th ult.

☞ Letters from Boston and New York, and some valuable communications, including articles with illustrations from Drs. CARNOCHAN and SAYRE, of New York, intended for this number, are necessarily omitted, for want of space.

# Correspondence.

## DOMESTIC.

### "The Status of Women Physicians."

EDITORS MEDICAL AND SURGICAL REPORTER:

I have read with interest the letter of "ANN PRESTON, M.D.," in the REPORTER of May 4th. It is plain that the reasons, direct and indirect, stated in favor of women practitioners, are quite satisfactory to the writer. To others they may not be so conclusive.

I do not wish to invite her from the "quiet path of duty" into the arena of "controversy," from which becomingly she shrinks. "Fidelity to a great cause" has prompted her to speak, and the same motive may induce her to reply to a few queries:

1. Does "ANN PRESTON, M.D.," claim, that when the point is conceded, that medical men shall consult with women doctors, there will be an end of the "vexed question," and peace restored in the professional family? (Admitting, for the present, that these women are a part of that family).

2. By what title, pray, shall we address these ladies? There is an awkwardness about it, from which I seek relief. "Miss," or "Mrs." PRESTON, I would fain use, if not distasteful to "ANN PRESTON, M. D.," for in so doing I would acknowledge the *lady*, while entertaining no design of ignoring the fact of her medical position. "Dr." PRESTON is not to my liking, nor is "Doctress" PRESTON much better. I wish to do right in this particular. While we have women practitioners, I, for one, will treat them with courtesy, and accord all the deference their attainments and worth justify. I propose to "accept the situation," with certain limits, and respectfully ask how they shall be addressed. Habit has a wonderful power to accommodate us to innovations. I am honestly at a loss. Shall I say "Dr." or "Doctress" PRESTON; or "Miss" or "Mrs." PRESTON? This case settled by "ANN PRESTON, M. D.," will suffice for future emergencies.

3. When *consultation* is granted, are women to be admitted to all professional meetings: such as medical societies, medical conventions, medical quizzes, etc., etc., just as far as their "mental cravings" may prompt them to ask?

4. Does the authoress approve of *women* and *men* studying anatomy over the same dead subject—dissecting *in company* the male or female cadaver?

5. Does this lady approve of young women walking the hospitals with young men, the medical, and more especially the *surgical* wards?

6. Does she declare that it is proper and becoming for young women to witness any or all operations in the amphitheatres of hospitals, crowded with men "from pit to dome?"

7. Does she claim that *surgery* is a legitimate field of study for women?

8. If so, would she perform an operation for phymosis, fistula in the ano, or calculus; or use the catheter, on the male patient? Should *any* woman do these? Women *can* be found who can perform such operations. Should they? "To this complexion must we come at last?"

9. Some twenty ladies presented themselves at a surgical clinic and lecture in one of the New York Hospitals. The surgeon announced that the subject would be *Hernia;* and, not wishing to shock the delicacy of the fair auditors, he suggested the propriety of their withdrawal. Several hundred young men were present, and he thought it unfitting that the young ladies should remain. *They did not retire*, but occupied the *nearest seat*, while eighteen *male* patients were exhibited, necessarily *in a state of* NUDITY!

Does ANN PRESTON, M. D., endorse the course of these young *ladies?*

10. At another hospital, lithotomy was to be performed on a man. Eight members of "the little band of true-hearted women, just entering the medical profession," appeared to witness it. The surgeon, from motives of delicacy, asked them to retire, and he sat down to await the result. But they moved not. He thereupon announced that if they did not withdraw, the operation would be postponed, or done privately. *Then*, they left. Does ANN PRESTON, M. D., insist they should have remained, and that the surgeon should have surmounted his modesty, and have proceeded with the *exhibition* without a protest?

11. When women have fully attained their so-called "*right*" to practice medicine, on an equal footing with men, does ANN PRESTON, M. D. assume that they shall treat any and all diseases that "our flesh is heir to?" Shall they, in the male, treat gonorrhœa, syphilis, stricture, enlarged prostate and spermatorrhœa?

12. Shall women handle the genitals of men, apply escharotics to chancres, introduce the ure-

thrascope, examine, with digit *in ano*, the prostate to find its condition, etc., etc., *ad infinitum*, *disgustum*, *nauseam?* "To *this* complexion, too, *must* we come at last?"

Is it to such a field that lady practitioners claim a right? And, if so, *is* it strange that the medical profession so generally oppose this "great movement"—this "evidence of the advancing civilization of the day"—this "revolution that is never to go backward?"

Though this writer may feel that she and her "little band of true-hearted women," are called to this work, though she may "appeal to heaven to witness the justice of her cause," though she may "say that she will settle the question with her God," yet there are men and women, the best and purest, the most thoughtful and liberal, who cannot agree with her. Great names, and good ones, may lend their influence to this "movement," and it may be claimed that "the moral sense of the community sustains it." There are those who fail to recognize the appropriateness of woman's entering an arena, containing so many repulsive features, and so many forbidding conditions.

There are "free-thinkers" in medical professional life on the foregoing points, just as there are "free-thinkers" in social life, "free-lovers," spiritualists, "perfectionists," "Adamites," and "Mormons." Each have, like this lady, appealed, with the same earnestness and sincerity, to the righteousness of their cause, its "inherent vitality," and its *success*, too, in justification of their acts.

Depend upon it, the greater portion of those who look with disfavor on women practitioners, do so for the very best of reasons. Experience will yet prove these objectors *right*. They do *not* deny that "women have *souls;*" they do *not* deny the intellectual ability of *some* women to do the same things that *men* have done; they do *not* desire to oppose *any* thing that will subserve the best interests of women. Their opposition has a sounder and a better basis. They see *more* than I have *suggested* in the foregoing queries, as reasons why women ought not to *choose* such a field wherein to gratify their "mental cravings."

One would think that the *ordeal* through which a woman has to pass, who studies *all* the branches of medical science *along with men*, witnesses *all* operations in the presence of large numbers of *men*, studies her anatomy over the stinking, decaying, mutilated cadaver, in company with men, would be enough to make any right-minded woman recoil with a shudder at the mere mention of such a career for *her?* If the communities whose "moral sense" commends this "revolution," knew the details of this horrible curriculum *for a woman*, there is not a decent family in the land into which the admission of a woman who had passed through it, would not be, at least, *prejudiced*. Many would close their doors against her.

It may well be asked whether our "civilization" has not reached its culminating point and begun to *recede*, when women are invited to such duties as devolve on the general medical practitioner. It does violence to our enlightened views of what a woman should do. "Civilization" merely is not our safeguard. Other nations have fallen from the corruptions which their civilization had invited.

Verily, the world moves in cycles. Two hundred years ago, in England, women divided all offices and privileges with men, and there were women physicians and women surgeons. As knowledge, infused with better morals, advanced, women, with their own consent, abandoned these positions, as more appropriate for men. In the age that followed, never did there live a more intelligent, useful, and noble array of women. Never were women more respected, admired and beloved. It will be so again. This "revolution that is never to go backward," is, unfortunately, a *retrograde* movement. Society, some believe, will always right itself. So it will be in this "great movement." We shall go *forward* again, and women do as women have done in the past, or *we shall do worse*.

The secret spring of much the greater share of the opposition of medical men is this: it outrages all their enlightened estimate of what women should be. No class of men on earth respect women more, or love them more, than the members of the medical profession. They look at this question in *all* its bearings, and it shocks their refined appreciation of woman, to see her, under a mistaken view of her calling, assuming to follow a profession with repulsive details at every step—*after* the *disgusting* preliminaries have been passed. Here I rest my disfavor. To me it is enough. I can consult no great name, nor solicit the "moral sense" of *any* community, to shape my views. I have seen more than I wish to see again of women-students in hospitals and in surgical amphitheatres. I may have to see much more. But the plea of "science" cannot soon reconcile me, nor remove the impressions, which experience and observation have stamped upon my mind.

If women will devote themselves exclusively to the study and treatment of diseases peculiar to their own sex—if they will cease to mingle with

the crowds of men, such as fill our medical classes, asking all the privileges of the latter—if they will shun the witnessing of operations indiscriminately, many of which they will never be called upon to perform, and, if so, never ought to—if, by so doing, they will cease to offend all our established views of what is becoming in woman—*then*, opposition will cease. Then, thousands of hearts and hands, now passive or oppositional, will gladly open and bid them warmest welcome to every privilege that ought to be granted.

But it will, I trust, be a long time before we can be schooled *downward* to that rationalistic view which looks with no disfavor on the attempt of women to run the repulsive and disgusting medical and surgical curriculum, at every step *in company with men*. No wonder that "the doors of our hospitals and colleges have been systematically closed against *women!*" The claims of *decency* demanded it, however unjust the claimants may have deemed the exclusion. The *modesty* of *men* sanctioned it—strange, that the modesty and delicacy of *women* ever permitted them to *ask* admission.

J. W. Sherry.

*Brooklyn, N. Y., June*, 1867.

### Homœopathy.

#### A Card from Dr. Peters.

Editors of the Medical and Surgical Reporter:

I find a not very complimentary allusion to me in your Journal of June 15th.* I trust that in simple justice you will admit the following explanation:

I was thrown in with homœopathic physicians as early as my 12th year; many of those nearest and dearest to me were treated homœopathically, both in Pennsylvania and New York. As early as 1830 I became a homœopathist, in the same way that people become Methodists, Episcopalians, Catholics, Congregationalists, etc., etc. I became converted to the regular system of medicine by endeavoring to keep up with my profession, and studying the best authorities, more particularly on Pathological Anatomy and Chemistry, the theory and practice of medicine, and Materia Medica and Therapeutics. I was much aided by the following train of reasoning: similarity is not identity, but a hybrid or compound of much resemblance and some *difference*. Hence if a similar or homœopathic remedy cures at all, it cures in virtue of the *difference* between its action and that of the disease; and in all probability the greater the difference, and the less the similarity, the more perfect and certain would be the cure.

The dose would also have to be large enough to effect an alterative or curative action. Hence there could be no such thing as a homœopathic cure, no matter what remedy was used. Every one takes place allopathically.

When I became fully convinced on these points, I made a full and unconditional surrender to the regular theory and practice of medicine.

John C. Peters, M. D.

19 *East* 15*th St., N. Y., June* 22*d*, 1867.

* We do not apprehend that our correspondent meant any uncomplimentary allusion to Dr. Peters. We did not so understand him, and regret the misapprehension.—Eds. Med. and Surg. Rep.

# News and Miscellany.

## ARMY AND NAVY.

Relieved.—Surgeon P. G. S. Ten Broeck has been relieved from duty in the Department of California, and ordered to report to the Surgeon-General.

Assigned. The following medical officers, Assistant Surgeons recently appointed, have been assigned to duty, viz. J. H. Barcholf and Geo. S. Rose, ordered to report to Gen. Schofield; A. C. Gerard to Gen. Pope; B. B. Wilson to Gen. Ord; A. M. Cronkhite to Gen. Sheridan; N. M. O'Reilly, P. F. Asepell, C. De Witt, F. L. B. Monroe, and B. F. Pope to Gen. Meade. Geo. H. Gunn is assigned to duty at Carlisle Barracks. J. F. Louderdale in Department of California; R. Powell in Department of Columbia; A. D. Wilson to the recruiting rendezvous in New York; J. E. Wilcox to the recruiting rendezvous at Newport.

[*Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.*]

## MARRIED.

Camman—Fitz Hugh.—June 19th, by the Rev. Walter Ayrault, Edward Camman, of Geneva, N. Y., and Helen, daughter of Dr. Daniel H. Fitz Hugh, of Geneseo, N. Y.

Canfield—Parsons.—June 17th, 1867, at the residence of the bride's parents, by Rev. Joseph Nesbit, Dr. Ira D. Canfield, Jr., and Miss Mary E. Parsons, eldest daughter of Joseph Parsons, all of Lock Haven, Clinton co., Pa.

Downer—Lawrence.—At Westfield, N. J., June 25, by the Rev. Edwin Downer, Edwin Downer, M. D., and Lucy S., youngest daughter of the late John Lawrence, of Brooklyn, N. Y.

Everett—Hewitt.—At the residence of the bride's father, Wm. Hewitt, Esq., June 11, by Rev. Samuel Marks, of Christ Church, Huron, Ohio, Dr P. R. Everett, of Cleaveland, Ohio, and Miss Lucy Hewitt, of East Cleveland.

Hay—Oakley.—In Owego, N. Y., June 18th, by Rev. A. W. Cowles, D. D., of Elmira College, Rev. Samuel C. Hay, of Crystal Lake, Ill., and Miss Sarah Elizabeth Oakley, youngest daughter of Dr. Lewis Oakley, of Owego.

Hickman—Hunter.—In this city, June 26th, 1867, at St. Stephen's Church, by Rev. George Hall, Napoleon Hickman, M. D., and Miss Lottie B. Hunter, formerly of New Orleans, La.

Sears—Brown.—June 26, at the residence of the bride's parents, by the Rev. H. C. Hayden, Hector Sears, of New York, and Lecra C., daughter of L. C. Brown, M. D., of Painesville, Ohio.

Travis—Kirkpatrick.—June 13th, by Rev. G. W. Mechlin, Dr. A. B. Travis, of Atwood, and Miss Melissa J. Kirkpatrick, of Dayton, both of Armstrong co., Pa.

Woodward—McGlashan.—At North Pelham, Canada West, by the bride's father, Rev. L. McGlashan, June 12, Dr. C. Merydith Woodward, of Geneva, N. Y., and Miss Mattie L. McGlashan, of the former place.

## DIED.

Ball.—In New York, June 23, William W., son of Dr. A. S. Ball, aged 25 years, of consumption, contracted in the army.

Brisbane.—At San Antonio, Texas, in month of March, Charles F. Brisbane, M. D., in the 33d year of his age.

Ogden.—At College Point, L. I., June 18, Benjamin Ogden, M. D., aged 70 years.

## ANSWERS TO CORRESPONDENTS.

*Dr. H. F. W., of Md.*—We should think the inhalation of atomized fluids would be very suitable in your case. Good instruments are made by Codman and Shurtleff, Boston. They will send you a Catalogue on application.

*Dr. J. A. W., of Wis.*—So far as we are aware, there has been *no* "complete and succint" work written on the history of medical science in America. There is an introductory essay on the subject, to the extent of ninety or a hundred pages, in Dr. James Thatcher's "American Medical Biography" (Boston, 1828), and since then the "History of the American Medical Association," and kindred works will give you much information of the kind you wish.

*Dr. J. H. B., of N. Y.*—Dr. Gatchell's modification of Cusco's speculum will cost you $9.00. We believe it superior to the ordinary one in use.

*Dr. S K., of Va*—We have *no travelling agents whatever*, except those mentioned on the second page of the cover. All others who profess to collect or receipt for us are *impostors*, and we warn you and all other subscribers against them. More by letter.

*Dr. F. C. R., of Pa.*—The Helianthenium (U. S. Sec.) has been used with great allege success in scrofula, but we have not employed it ourselves. The best in market is probably that put up by the Shakers. But why not collect it for yourself? Will any of our readers give us their experience with it?

*Dr. R. L. J., of Mass.*—For a map and prospectus of the Pacific Railroad, apply to 20 Nassau Street, New York City, Union Pacific Railroa Company.

* *Other correspondents will be answered in our next.*

## METEOROLOGY.

| June, | 17, | 18, | 19, | 20, | 21, | 22, | 23. |
|---|---|---|---|---|---|---|---|
| Wind..... | S. W. | W. | N. E. | E. | N. E. | E. | E. |
| Weather.... | Cl'dy. Rain. t. & l. | C 'dy. Rain. t. & l. | Clear. | Clear. | Clear. | Clear. | Cl'dy. |
| Depth Rain.. | 4 in. | 2 7-10 | | | | | |
| *Thermometer.* | | | | | | | |
| Minimum..... | 70° | 71° | 62° | 60° | 59° | 54° | 60° |
| At 8, A. M.... | 72 | 77 | 65 | 69 | 66 | 64 | 72 |
| At 12, M..... | 77 | 81 | 72 | 77 | 74 | 77 | 76 |
| At 3, P. M.... | 78 | 82 | 74 | 78 | 75 | 78 | 78 |
| Mean..... | 74.25 | 77.75 | 68.25 | 71. | 68.50 | 68.25 | 71.50 |
| *Barometer.* | | | | | | | |
| At 12, M..... | 30.2 | 30.2 | 30.3 | 30.3 | 30.3 | 30.3 | 30.2 |

*Germantown, Pa.* B. J. Leedom.

## BACK VOLUMES OF THE REPORTER.

We can supply a very few more back volumes of the Medical and Surgical Reporter at the following prices:

A full set, from October, 1858, to July, 1867—*sixteen volumes*, $30.

Volumes 1, 2, 3, 6, 7, 8, 10, & 11—$2.00 each.
" 4, 5, & 12—$3.00 each.
" 9, 14, 15, & 16—$2.50 each.

☞$1.00 per volume additional for binding.

☞ Those wishing to complete their sets, should do so soon, as we are reducing our stock, and the prices will constantly advance as the volumes become scarce.

Single back numbers *ten cents* each. Those wishing particular numbers should give the *whole number*, not that of the volume.

## WANTED.

The following numbers of the Medical and Surgical Reporter are wanted at this office, for which we will give credit on subscriptions.

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THE

# MEDICAL AND SURGICAL REPORTER.

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## Original Department.

## Communications.

### CASES OF DISLOCATION OR DISPLACEMENT OF THE SEMI-LUNAR CARTILAGES OF THE KNEE-JOINT.

By Edwin R. Maxson, M. D.,

Of Adams, New York.

Six or seven marked cases of dislocation or displacement of the semi-lunar fibro-cartilages of the knee-joint having fallen under my observation during the past sixteen years, every one of which had been mistaken and treated for other diseases of the joint, by the physicians and surgeons having them in charge, for periods varying from a few weeks to over two years, is my apology for presenting a brief account of the following cases to my brethren of the medical profession.

The *first* case that fell under my observation, Mrs. S———,* was about the year 1852. She was a large fleshy woman, about thirty, who, stepping to the door to throw out a pail of water, turning suddenly, in doing so, while resting her weight on one foot, fell suddenly to the floor, with severe pain in the right knee-joint, and especially on the inside. By hard pressure with her hands on each side of the joint, the acute pain partially subsided, so that the faintness, from which she at first also suffered, gradually passed off. She, supposing that there had been a dislocation of the knee-joint, which she had reduced by the pressure with her hands, procured some crutches and walked about some, being, however, unable to bear any weight on the affected limb, it being slightly bent at the knee-joint. She sent for a very excellent physician, who, taking a similar view of the case, used palliative measures to subdue the irritation that remained, with the hope that she might then be able to use the limb.

However well directed the remedies may have been, the limb did not improve; and as the doctor and patient both became discouraged, another physician, having more reputation as a surgeon, was called to take charge of the case after a few weeks.

More active remedies for subduing inflammation of the joint were now resorted to, such as thorough blistering, iodine ointment, etc., all to no purpose, as the limb neither grew better, or materially worse, she being unable to bear the least weight upon it. Nor could she bring up the limb to ascend steps on her crutches.

While this medical gentleman, who was a friend of mine, was in attendance, and about three months after the injury, the husband related the case to me and requested my attendance. This I declined, but called on the Doctor, and suggested the possibility of displacement of the semi-lunar fibro-cartilages of the knee-joint, from what I had learned of the case. Taking, however, a different view of the case, having examined it carefully, and being much *older* than I, he persisted in his course of treatment to subdue the supposed inflammatory affection, till discharged from the case, as the blistering annoyed the lady and did no good, and so of the iodine ointment.

At this stage, about four months after the injury, I was called to attend her, and now accepted, feeling a little impatient that the Doctor had entirely disregarded my suggestions in the matter. She, at that time, was walking with crutches, not touching the foot to the floor; and was unable to bring up the limb to ascend steps. There was a slight prominence of the internal cartilage across the inner side of the joint, between the condyle of the femur and the head of the tibia, with a little fulness about the joint generally, but not very considerable. I was satisfied, from the history of the case, together with the symptoms, that the difficulty consisted *entirely* in a displacement of the semi-lunar cartilages of the joint, and its effects, and nothing more.

I accordingly proceeded to get the patient seated upon a board, with its ends resting upon two tables, so that she was sitting about three feet from the floor. Then seating myself in a

* I published a short account of this case in the *Buffalo Medical Journal.*

low chair in front of the patient, I put the foot of the affected limb under my right arm, so as to make firm extension, and then, with my left hand, grasped the thigh just at the knee, fetching the fingers around under the knee so as to counter-extend, and at the same time to make pressure with the ends of the fingers, on the internal cartilage on the inner side of the joint. Keeping up this extension, counter-extension, and pressure for two or three minutes, to disengage the cartilages from the ends of the tibia and femur, and keeping up the pressure with the fingers over the internal cartilage, I carried, with my right hand, the foot of the affected limb suddenly back, under, and up to the board on which she was sitting, to aid in throwing the cartilages back into place, precisely in accordance with the directions I had read in Dorsey's Surgery.

She was then allowed to get down, when I found she could walk quite well without her crutches, which she improved by going to the door, and hallooing to her servant girls in the yards, with an ecstacy of delight, "*I can walk! I can walk!!*" I repeated this process once or twice after she had walked a few minutes, and the use of the limb was entirely restored, she experiencing only a slight soreness about the joint, which soon passed off by free use of the limb in going about her business, and the application of an aqueous solution of opium for a short time.

The *second* case occurred to me about 1855, the patient being a slim man of about fifty. It was produced by a twist of the limb in falling upon the frozen ground; and though he had all the symptoms of the first case, they were less in *degree*, the patient being able to walk without crutches, the displacement being less, though he walked with difficulty, being also unable to fetch the limb up in ascending steps, without great effort.

This case had gone on about two years: but, being a stranger to me, I am unable to give the course of treatment that had been pursued during that time, all to no purpose. I explained to him the nature of his case, and subjected him to precisely the same process of extension, counter-extension, pressure, and flexion of the limb, as in the first case, and with entire relief of the disability of the limb, there being left only a slight soreness. It was so very slight, however, that I directed him to go about his business without the use of any application. He reported, after a few weeks, that there had been no return of the difficulty, and expressed very great, and I should think, "heartfelt thanks," for this sudden recovery.

The *third* case occurred to me about 1858, the patient being a stout fleshy lady of about twenty-five. It was produced by a sudden turn of the body upon the limb, twisting the knee, in opening a door, her attention being suddenly attracted to something behind her, a little child I believe. She had precisely the symptoms that attended the other cases, though less in degree than the first, the displacement being less than in the first case, though more than in the second. As she was under the care of a homœopathist, I do not know the treatment. But this I do know, that after he had exhausted the catalogue of his *infinitesimals*, he announced to the patient that he should be compelled to resort to "allopathy," so far as to apply blisters to subdue the disease. To this the lady, being a strong homœopathist, stoutly objected, as not only contrary to the "doctrine," but exceedingly inconvenient. The result was, that the homœopathist attendant was discharged, and I was sent for, about six weeks after the reception of the injury, thinking, I suppose, that if she must have that kind of treatment, she might as well have one of its advocates.

I found her able to walk, but with very great difficulty, having grown *no better*, and but slightly, if any worse, during the six weeks' treatment to which she had been subjected. I explained to her the difficulty, and resorted to precisely the same measures to replace the cartilages as in the other cases, and with like success, very much to the satisfaction and joy of the sufferer. In this case, as there was considerable soreness about the joint, I ordered laudanum diluted with three parts of water to be applied, morning and evening, for a few days, when the soreness subsided, and she was entirely relieved. About a year after, from a sudden twist of the joint, by a turn of the body while resting the weight upon that limb, a slight displacement was again produced. I saw her, however, immediately, and reduced it as before, after which, I believe, she had no further difficulty with it.

I should say, for the credit of the homœopathist who had this case under treatment, that, hearing of the sudden cure of his patient, he came to me to learn the *nature* of the difficulty, and the *means* I resorted to for correcting it so suddenly. On my explaining the whole matter to him, he frankly confessed that he did not know there "could be any such difficulty," and very politely requested me to write out a description of such cases, that he might have it published in a Homœopathic journal he was taking, for the edification of his brethren of that faith, which I, of course, as politely declined to do.

The *fourth* case occurred about 1861, in the person of a medium sized man of about forty. This was produced by twisting the knee-joint in working a fire engine; and was less in *degree* than the others I have described. And although he could walk quite well, he had all the symptoms I have described as attending the other cases, though, of course, less in *degree*. He being a professional man, found it very difficult to get up stairs to his office, it being on the second floor.

During the three months he thus suffered, he had been advised by an eminent surgeon, to *shower* the knee, all, of course, to no purpose. I reduced it as in the other cases, the relief being instantaneous and perfect, except a slight soreness, that did not require any after-treatment. The *surprise* at the sudden relief in this case, was only equalled by the *satisfaction:* as he, as well as the others described, had supposed the difficulty might be permanent.

The *fifth* case occurred, I think, in 1862, in the person of a medium sized man of a scrofulous constitution, about forty. It was produced in the winter by twisting the knee in falling from a stack on the frozen ground. During the winter, spring, and early summer, he was under the treatment of different physicians and surgeons, of more or less distinction, as his case was regarded as very critical, partly on account of his constitutional scrofulous tendency. He was unable to walk from the first, except with crutches, not touching his foot to the ground, as in the first case. His treatment had been, I believe, blistering, iodine, etc., till about mid-summer, when he fell under the care of an able medical gentlemen, an intimate friend of mine, who put in a *seton*, and then came to ask my advice in relation to the further treatment of the case.

I at once, on learning the history of the case, suggested to the doctor the probability of a displacement of the semi-lunar cartilages of the knee-joint, and advised a resort to the method I have described for replacement. The doctor however, preferred not to make the attempt to carry out my suggestions; and, instead, brought him to me, and so bad was his case, that we had great difficulty in getting him up the steps into my house on crutches. I explained to him the nature of his difficulty; and there, in the presence of the doctor, reduced the displaced cartilages, precisely as in the other cases, when he got down from the board, paced the hall, walked up and down stairs, etc., in an ecstacy of delight, without crutch or cane, the relief being perfect except the soreness, for which I advised the doctor to apply laudanum diluted with three parts of water. The doctor carried out my suggestions, and the patient after walking with a cane for a short time, suffered no more from the joint that I could ever hear.

The *sixth* case of this character, being a very slight one, fell under my observation in the winter of 1865. The patient was a medium sized man about thirty-five. It had been of several months' standing, and as he could walk tolerably, he obtained from me a minute account of the process by which it could be reduced; but preferred to *wait* until the *war* should be over, as the disability disqualified him for military service, and then he "would have it fixed." He lived at a great distance, and I did not see him again.

The *seventh* and last case of dislocation or displacement of the semi-lunar cartilages that has fallen under my observation, was in the person of a medium sized well formed lady of about sixty, I should judge. It was during the present month of May, 1867. It was produced by getting down to the stove, sitting on the right foot turned under her. The displacement was very great, nearly or quite equal to the first case described. It had gone on for two years and three months, during which time she had walked with crutches, most of the time not touching her foot to the floor. When I saw her two weeks ago, I discovered at once the difficulty, and urged her to step on the foot without her crutches, to satisfy myself of her inability to do so. I found that it was impossible for her to walk on it at all; and as the two years and three months of treatment by an eminent physician, during which, blisters, iodine, etc., had been applied, had been without any relief, she had made up her mind that she should have to remain a cripple, having with that view just ordered spring crutches. And though she had come a distance to ask my counsel, so firm was she in the belief of the incurability of her difficulty, that it was with reluctance that she allowed herself to be got upon the board, and subjected to the process above described, for the reduction or replacement of the displaced cartilages.

The relief was instantaneous, and though there remained considerable soreness, she had no occasion for crutch or cane. Her satisfaction on being again able to walk was beyond description. I ordered an application to the knee, morning and evening, consisting of tannin, one drachm; laudanum, two ounces; and water, six ounces; to soothe and constringe the parts about the joint, irritated and congested by the abnormal condition for so long a time. I learned that she left for home two days after, without any return of the difficulty, suffering only from the soreness that remained. That will doubtless soon pass off as in

the other cases, should not the displacement again occur, to which there is, certainly, in all cases, a slight predisposition, though it has occured a second time in but one of the cases that have fallen under my observation.

I have only to say, in conclusion, that I have made no specialty of such cases, having only relieved such as have naturally fallen under my observation; no one of them, so far as I know, having any idea that I had ever relieved such cases, when they called on me for aid. In fact, it is well known that I have not pretended to do surgical business, except in some such special cases in which others have failed, for the past fifteen years, having been almost exclusively engaged in *medical practice*, *teaching*, *writing*, etc., during that time. Having thus no surgical skill to boast of, or surgical reputation to sustain, my object in presenting these cases to my brethren, is to call their attention to a difficulty that I fear has been *too generally* overlooked. And my reason for this belief is founded upon the fact, that all these cases had been under treatment for periods varying from a few weeks to over two years by physicians and surgeons, and some of them of eminence, without any of them ever having the least suspicion of the real condition of their patients, for which they were prescribing.

Nor need it be thought that this neglect, if it may be styled such, attaches *exclusively* to any one *locality*, as these cases have some of them come to me from a distance, and from different directions, as have patients suffering from other affections. In fact, they have occurred to me while practising in different localities. I have been careful to call no names, however, of *places* or *persons*, in order that I might bring the facts to bear, without wounding the sensibilities of any one. Neither have I overdrawn the cases, but stated the *facts* precisely as they have occurred, or as nearly as I could. And I will only add, that when these patients have been thus relieved, so suddenly, from this very unpleasant condition, and from the prospect of being thus permanently crippled, and have expressed indignation or wonder that the real condition had been overlooked, I have attempted to quiet them by saying that *all* such cases that had fallen under my observation had been thus overlooked, except in the homœopathic case, in which, of course, I had to *wonder*, *exceedingly*, that the block-head "could not know enough to treat such a case!!" But, "brethren, these things ought not so to be." Such oversight should *only* attach to *irregular* and *defective* physicians.

## RHEUMATISM: ITS NATURE AND ITS TREATMENT.

*An Essay read before the Wayne County (Ohio) Medical Society, October 17th, 1866,*

By L. Firestone, M. D.,

Of Wooster, Ohio.

*(Published at the request of the Society.)*

(Continued from page 8.)

### Lithic Rheumatism.

Whenever uric acid is formed in such large quantities that it cannot be dissolved by the eliminated fluids, it is deposited in some of the tissues, and very frequently developes rheumatism. The same is true of the urates and biurates. A recent writer has summed up the sources of uric acid excess as follows:

1st. Uric acid is in excess where there is abnormal waste of nitrogenous tissues.

2d. Where a greater quantity of nitrogenous food is consumed than is required to make up the waste of tissue.

3d. Where there is defective assimilation of food.

4th. When the excretory functions of the skin are impaired, as from checked perspiration arising from cold.

These appear to be reasonable conclusions, and remind us that hygienic rules should be strictly observed, not only for the avoidance, but in the treatment of rheumatism. Let the source of uric acid be what it may, in what organ or organs it may, one thing is very certain, we have it present in some one or all of the secretions, but more particularly in the urine in excessive amount, and it constitutes the great evil to be overcome in the treatment of lithic rheumatism. While it is present no therapeutic remedies can avail. The normal quantity of uric acid found in the urine, secreted in twenty-four hours in a healthy subject, is said by Peaslee, Hassall, and others, to be about 8 grains. In a subject attacked with rheumatism, it is 9, 12, 14, and even as high as 17 grains in twenty-four hours. The character and amount of uric acid will depend somewhat upon the previous condition of the system. It is usually abundant in those of ruddy complexion, and particularly in those who have been good livers, and who have indulged freely in the use of animal food. It is mostly associated with fibrinous lymph, and but seldom with corpuscular lymph. Is this the reason there never is suppuration in uric rheumatism, and the reason it is so frequently followed by deformities, involving one or more muscles?

Before dismissing the consideration of lithic

rheumatism, I deem it proper to allude to the means of knowing to a certainty when there is an excess of uric acid. This is a matter of great importance, not only in determining the nature of the disease, but is almost an unerring guide in its treatment. Without at first ascertaining this matter beyond a doubt, the physician gropes his way in the dark. I have often seen this attempted by an examination of deposit found in the vessel after the cooling of the urine. If no other means are resorted to, there is a constant liability to be deceived, and any treatment based wholly upon such evidence will be unsuccessful. There is oftentimes a deposit of uric acid in the urine, when it is not even in normal quantity in the system,—and when a rheumatic patient may be dangerously diseased, in consequence not of uric acid, but upon some other very different "materies morbi." This position may be called in question, but no difference, I know it to be true. "The precipitation of uric acid, and the urates in the urine is not necessarily indicative of their being in excess. They may be present in very minute amount, and yet be deposited." If this is true, the great error likely to be committed in consequence of a want of knowledge, or most probably, because of inattention to this very important matter, can very readily be appreciated. Hassall has given us some of the causes of precipitation of uric acid. "One is the composition of the urine. Another its reaction. In acid urine, the uric acid is quickly liberated from its weak combinations, and thrown down. A third cause is temperature. The colder the urine, the more quickly and completely do the urates become precipitated. The fourth reason is diminished amount of urine. The urates are only sparingly soluble, so that the smaller the quantity of urine the less of them it can hold dissolved." Temperature has a very marked influence in promoting deposition. Who has not noticed the readiness with which deposites can be obtained in winter when the weather is cold? No dependence can be placed upon mere deposition, but a more careful examination must be made. This can be effected by chemical analysis, to some extent, but infinitely better by the microscope. When the misroscope is used, it should possess a power of 250, or 300 diameters.

Then, again, in order to determine certainly, whether the disease is dependent upon uric acid, or some of the urates, the examination must not be alone confined to the urine; indeed the urine may be so loaded with other precipitates, that it is very often difficult to determine which one is at fault. The saliva, mucus, sweat and blood, if examined, will reveal the mystery, often when evidence of but little derangement can be found in the urine.

*Phosphatic Rheumatism.* The symptoms in this type of the disease are manifested in consequence of the excess of phosphates. Its frequency, as compared with lithic rheumatism, is in the ratio of about 8 per cent. In healthy persons, the amount of phosphoric acid excreted in twenty-four hours, is about 24 grains; of alkaline phosphates, 37 grains, and of earthy phosphates, 9 grains. Lehman has estimated calcareous phosphates at 15, and magnesium phosphates at 7 grains. In phosphatic rheumatism I have found the phosphates to very far exceed these calculations. This is particularly true in regard to earthy phosphates. In one case of the disease under my care in 1865, there was excreted in the urine alone, 23 grains of earthy phosphates in twenty-four hours. The symptoms of the disease were violent, and the suffering extreme. At no time of the sickness, (lasting nineteen days,) was there any evidence of either lactic or lithic acid, and the disease yielded to a free administration of mineral acids, with proper observance of the rules of hygyine. As phosphoric acid and the phosphates are mainly obtained from without, diet has much to do in their formation. Animal food increases their formation very rapidly. Mosler says, albumen will double their quantity in twenty-four hours. The earthy phosphates are found mostly to prevail in the disease. They are to be found in all the excretions of the body, and in some instances I have seen the urine literally clouded with them. They are wholly insoluble in water, but soluble in most of the organic, and all the mineral acids. They sometimes deposit about the joints, in the form of either phosphate of lime, phosphate of magnesia, or of ammonia magnesia. We are informed by chemical writers, and by histologists, that phosphorus combines with muscular, nervous, and osseous tissues, and only becomes liberated by metamorphosis. It is owing to the presence of phosphates that we have what many writers denominate "osseous rheumatism," and we hear such bitter complaints from rheumatic patients of "pain in the bones." In a very great majority of such cases, the excretions, and occasionally the blood itself, upon microscopic examination, will be found loaded with phosphates.

*Cystinic Rheumatism.* In this form of the disease there is an excess of cystine, which gradually accumulates in the tissues. It is most generally found in the urine, but is not confined to that excretion, as I have frequently seen it in

bile associated with cholesterine. A large per cent. of rheumatic attacks are owing to the presence of cystine. It is confined mainly to those of the strumous diathesis, is hereditary, and usually found in more than one member of the same family. It is no uncommon thing to see two or three scrofulous children in one family affected with cystinic rheumatism. I have attended a number such, and have to see the first case where the administration of alkalies afforded any relief whatever to the rheumatic, or neuralgic symptoms. I am so positive upon this point, that I venture the assertion that cystinic rheumatism never was cured, or alleviated, by the use of alkalies; and further, just so long as these were given the patients grew worse, until the treatment was abandoned. Cystine is thought by Hassall to be a derivative of albumen, or of structures into which it enters, and appears to be a result of the derangement of the secondary assimilative process, essentially connected with the excessive elimination of sulphur. In most cases of melancholy, there is to be found either in the bile or the urine, considerable quantities of cystine, and if the amount is so great as not to be held in solution, it is sure to develop rheumatism. Chlorotic and anæmic females are often affected with this form of the disease. Anæmic women frequently have intense and protracted suffering during menstruation. The disease is known as dysmenorrhœa, or painful menstruation. It is owing, in a great number of cases, to the presence of cystine, giving rise to cystinic rheumatism; and if the patients so diseased are so treated, they will all be benefited, and a majority of them permanently cured.

*Oxalic Rheumatism.* This form of the disease I believe to be owing to the presence of oxalates. These are mostly found in persons whose previous health has been bad, and who have suffered much on account of dyspepsia and derangements of the liver, with nervous systems broken down by long continued anxieties and the numerous cares of life. The oxalates scarcely ever exist alone, but are most usually associated with urea or the urates. There is a very strong and intimate relationship existing between oxalic and uric acids. This to some may appear erroneous, as one is a nitrogenous, and the other a non-nitrogenous compound. This relationship has been particularly noticed by Drs. Bird, Prout, and Hassall, and is owing to the existence of laws in vital chemistry not very distinctly understood. Bird, when speaking of this relationship, says, "When the very remarkable chemical relation existing between uric acid, urea, and oxalic acid, is borne in mind, as well as the readiness with which the former of these bodies is convertible into the latter, is it not legitimate to suppose that the disease under consideration may be regarded as a form of what has been aptly termed by Dr. Willis azaturia, in which the vital chemistry of the kidney has converted part of the urea, or of the elements which would in health have formed this substance, into oxalic acid" (?) The transition is very readily accomplished, and a knowledge of this fact I deem of great importance to the physician who would successfully treat either lithic or oxalic rheumatism. Oxaluria owes its existence to mal-assimilation, and is dependent upon functional derangements of stomach, duodenum, and liver. I have seen it exist in large quantities in rheumatic subjects who have previously been affected with the derangements to which I have already alluded. I have found that persons affected with oxalic rheumatism are remarkably depressed in spirits. They are despondent, can see nothing in the future but misery, will insist that the disease will terminate fatally, or will result in some serious organic disease which will soon prove fatal. All the symptoms regarded by the physician as the harbingers of returning health, they look upon as the portent of impending ruin. They are nervous, and often hypochondriacal to an extreme degree. This depression I have found more marked in oxaluria than in cysturia.

Patients with oxaluria cannot withstand severe exercise or much bodily fatigue, and complain very much of severe pains across the loins. This is lumbago, and I apprehend the cause of the disease is frequently overlooked. I have known liniments and other rubefacients prescribed for lumbago dependent upon oxaluria, and I have often seen the former effectually "*rubbed in*," and the latter often applied, yet have but seldom seen them of any more service than if the applications had been made to the patient's boots. I have had a number of such cases fall into my hands, when, upon a microscopic examination, the lumbago was found to be dependent upon an excess of oxalates, and which readily yielded to an appropriate treatment. Females often complain of pains in the loins and across the hips, with tenderness of the uterus and erectile tissue of the vagina. These symptoms may be mistaken for uterine disease, and the poor women subjected to cauterants, scarifications, leeches, vaginal injections, and pessaries, when upon examination, it will be found that the whole train of annoyances is owing to oxalic rheumatism.

There is one other topic to which I wish to allude before leaving this part of the subject under discussion. It is leucine, and I will venture to call the type of disease developed by this "materies morbi," as *leucinic rheumatism*. I have met with four cases of it in the last three years. The patients affected with it had been for several years living in malarious districts, had suffered nearly all of that time from intermittent fever, and had when I saw them an enlargement of the spleen, known in the profession and out of it as "ague cake." They were suffering severely on account of rheumatism. One of them had been treated thirteen weeks by the usual routine of remedies, without any improvement whatever. The excretions were examined for the purpose of finding the "materies morbi" developing the complaint, without effect, and we turned our attention to the condition of the blood. It was leuhæmic, and contained excessive quantities of leucine, associated with tyrosine. This had undoubtedly been generated in the spleen, and perhaps in the liver. The administration of alkalies or most of the mineral acids would aggravate all the symptoms, and cause the sufferings of the patient to be intolerable. Remedies were at once directed to the spleen and liver, leucine diminished rapidly in quantity, and just in proportion to this diminution, the rheumatic symptoms disappeared and the patients recovered. HASSALL says, "Leucine is formed by the action of alkalies and acids upon gelatine, caseine, and all albuminous substances." If this is true, then it can very easily be understood why our patients got so much worse when treated by either alkalies or acids, and it gives a legitimate hint not to continue the use of these remedies too long, without at the same time observing attentively the necessary rules of hygeine. Other "materies morbi" might be alluded to in further illustration of the nature of rheumatism, but I deem it unnecessary. My main object in this essay is to call the attention of the profession to the fact that lactic and lithic acids are not the only "materies morbi," and that alkalies are far from constituting the only treatment.

[To be continued.]

—— CHESTNUT OIL, prepared on a large scale, in France, from horse chestnuts by chemical treatment, is very fluid, absorbable by the skin, and has met with great success as an application for gout and rheumatism. Stearin, syrup of glucose, alcohol, and starch are also among the incidental products.

## HOSPITAL NOTES.

By S. F. COUES, M. D.,

Surgeon U. S. N., Naval Hospital, Chelsea, Mass.

### Primary Syphilis with Rupia.

February 13, 1866. T. T., marine, æt. 27; admitted as with primary syphilis. Has an indurated chancre on glans penis. A pustular eruption over a great portion of his body. Has rheumatic pains, and is somewhat debilitated.

27th. Eruption distinctly marked *rupia*.

This case is interesting from the same cause as the one recently reported from Dr. AGNEW'S clinic. It has been under observation from the very first. Constitutional treatment had no effect whatever in arresting the progress of the disease, which increased to a frightful extent. The countenance became concealed by a mask of crusts, and the general appearance of the man for months was that of an oyster-covered log; the discharge abundant and intolerably offensive.

Appetite generally has been good, and the nutritive function active; he consumed almost incredible quantities of most nourishing food, drank three or four bottles of ale a day, and the chances now are that the man will ultimately get the better of the disease. From a condition of entire helplessness he has improved to such a degree that he can sit up nearly all day, and do a good deal for himself. Face clear, hands which were utterly useless, free from disease; the extent of diseased surface not more than a quarter part as great as it was; he has gained very much in flesh and strength.

All attempts at constitutional treatment were for a long time abandoned, but for the last few months they have been cautiously resumed, and, I think, with benefit. The solution of permanganate of potash has been invaluable in the management of this case.

### Chronic Orchitis.

Nov. 9, 1866. H. M., ordinary seaman, æt. 30. Admitted as with chronic orchitis, cachectic and much debilitated. States that he has been under treatment some six weeks. Left testicle, body epididymis and cord enlarged, hard, and very painful. Pain lancinating. Large ulcer upon scrotum; copious, very offensive suppuration. Tissues adherent and all seemingly involved in a mass of disease.

For several weeks suppuration continued profuse; some sloughing of external tissues took place; at times a distinct seminal odor was noticed. He lost strength rapidly, and became much reduced. From the condition of the patient, character of pain, etc., it was thought to be a

case of malignant disease. I should have removed the testicle, if general condition and that of the external tissues had been more favorable. The case is interesting, as the result proves an error in diagnosis. Under tonic and alterative treatment, with applications and injections of liq. sodæ chlorinatæ, potassæ per-mang., etc. etc., he gradually improved.

Feb. 7, 1867. Left testicle somewhat atrophied; there is still purulent discharge from two small orifices in scrotum. Condition in all respects much better.

Feb. 15. Has continued to gain rapidly. To-day complains of severe pain in *right* testicle, epididymis found to be much enlarged; external tissues swollen and painful.

An ulcer soon formed on the scrotum on the *right* side, suppuration and sloughing, as had occurred on the other, followed. The epididymis did not suppurate, but the destruction of tissue was rather greater than before, the patient becoming nearly as much reduced. For many weeks there was a large ulcer extending over the cord to the groin, which showed no disposition to heal. Patient was abundantly nourished and stimulated, and marked improvement in general condition was soon followed by a favorable change in the parts affected.

June 1. Is now quite well—scrotum contracted by cicatrices. Some enlargement of epididymis remaining. Functions of the organs unimpaired.

Patient states that he had syphilis seven years ago; that he had had a previous attack of "swelled testicle." There are no marks of constitutional disease now. Does not remember to have had any eruption.

# Hospital Reports.

Pennlylvania Hospital,
*March 30th*, 1867.

## Clinic of J. M. Da Costa, M. D.

Reported by Dr. Napheys.

### Double Pleurisy Linked to Phthisis.

George H., æt. 19. This patient presents some peculiarities with reference to diagnosis, prognosis, and treatment worthy of attention. He has had a cough for three years, and spat a small quantity of blood about three weeks ago. He has been troubled with shortness of breath, and his strength has been very much impaired. Emaciation has been going on steadily for three years. He has had pain in his side, more in the right than the left.

On admission, about two weeks since, the condition of this patient appeared fair. There was, however, at the lower portion of the right lung an abundant friction, which masked very materially the sounds within the lung. Yet at that time he made no complaint of severe pain in the right side, but merely of cough and debility. The left side appeared healthy; there were no signs of any marked deposit at the upper portion of the left lung, nor indeed were there any manifest signs of disease at the upper portion of the right lung. That was very much his condition until about six days ago, when he complained of pain in the right portion of his chest in front, and that pain was noticed to be synchronous with an increase in the cough, and with the development of frictional phenomena. A good deal of sweating happened about this time. Then, within a day or two, there manifested itself on the left side also distinct friction, again at the lower portion of the chest. The case was therefore one of double pleurisy, with a slight amount of fluid effused in the pleural sacs. Within the last few days he has been better, his breathing has been easier, and the friction has decreased, although frictional phenomena are still marked at the lower portion of both lungs.

Percussion at the apices of both lungs, anteriorly and posteriorly, clear, showing no signs of disease. But there is dulness on percussion at the lower portion of the lung on the right side. Auscultation reveals harsh breathing at both apices without râles or crackling, and therefore no signs of any marked tubercular deposit there. There is a very obvious creaking friction sound still at the angle of the scapula on the right, and the same, though less intense, on the left side.

The man has been placed on full doses of opium, with iodide of potassium. He has had turpentine applied to his chest, and on the left, a blister. Under this treatment he has improved rapidly, and none, or but very slight effusion has followed the pleuritic roughening and inflammation.

As a rule, double pleurisy, as was pointed out long since by Louis as the result of very accurate investigation, has a tubercular origin. Exceptions to this rule are sometimes met with, but they are not numerous enough to invalidate it. As the apices of the lungs in this case remain comparatively unimpaired, it would seem that the force of the disease had spent itself more on the lower portion of the lungs. It might be asked from the general rule, that tubercle affects the upper rather than the lower portion of the lung, may it not then be assumed there is no tubercular complication in this case. But the long wasting here present, the spitting of blood, the irritative cough, the crackling above the seat of pleurisy at the middle of the lung, and the sweating, all set at rest any doubt as to the tubercular nature of the affection.

Dexterously managed at the onset of pleurisy, as good results can be obtained from full doses of opium as are obtained in inflammation of another serous membrane, the peritoneum. The iodide of potassium was given as an absorbent. The blister, which was subsequently added, but which was not employed until the more acute signs had stopped, was applied rather to produce absorption than to prevent further exudation, and seemed to have a happy effect.

By this treatment acute pleurisy may be cut

short, and marked effusion prevented. The treatment of this patient, now that his pleurisy is so much better, merges into that of a case of phthisis. He is still kept on small doses of iodide of potassium, as there is still a small amount of exudation in the pleura, and the constitutional effect of iodine do not come amiss even with reference to tubercular disease. Counter-irritation is employed by turpentine and iodine.

# Medical Societies.

## THE VERMONT MEDICAL SOCIETY.

SEMI-ANNUAL SESSION.

Reported by L. C. Butler, M. D., Secretary.

The Vermont Medical Society held its semi-annual session in Burlington, on June 19 and 20, 1867. The President being absent, the society was called to order by Dr. H. D. Holton, Vice President. Prayer by Prof. M. H. Buckham, of the U. V. M., Burlington. The proceedings of the annual session were read by Dr. L. C. Butler, Secretary.

The Board of Councillors met at 9 o'clock, A.M., June 19th, and organized by the choice of Dr. N. W. Braley, of Chelsea, as President, and Dr. H. D. Holton, of Putney, as Secretary.

Upon the recommendation of the Board, Drs. C. C. Smith, of Gaysville, John Knowlson, of Castleton, A. W. Styles, of Sudbury, Chas. W. Peck, of Brandon, Wm. H. Giddings, of Bakersfield, were elected members of the society.

By invitation the members of the society visited the Medical College at 11, A. M.

In the afternoon papers were read as follows:

On *Pyemia* with cases, by Dr. S. T. Brooks, of St. Johnsbury.

On *Chronic Diarrhœa*, by Dr. E. H. Pettengill, of Saxtons River; also, one on *Foreign Bodies in Air Passages*, by the same.

On *Septicemia or blood poisoning*, by Prof. Crosby of the U. V. M.

The thanks of the society were tendered to Dr. Crosby, and a copy of his paper requested for publication in their transactions.

An address was then delivered by the Vice-President of the society, Dr. H. D. Holton, introducing as topics for contemplation, *Medical Education*, under which head, he suggested, among other things, the need of some title which should indicate the standing of a scientific and regular physician, that of M. D. being adopted by irregular practitioners. He passed to the subject of *Criminal Abortion*, alluding to the alarming prevalence of the crime, to its dangerous consequences, and effect on population; contrasting the small families of our native population with the larger ones of former times, and mentioning a district school, in the last generation, to which three families sent *thirty* children at one time, with a good reserve at home.

He went on to consider the subject of *Insanity in Women*. This is commonly consequent on uterine derangement. For these cases proper treatment is not commonly afforded by our hospitals for the Insane. Excellent as they are, they stop a step short of the demand. The risks of conducting proper examination, from the perverted imagination of the patient, were alluded to; and the propriety of having a board of consulting examiners, for each hospital, to be called in at the discretion of the Superintendent, was suggested. He hoped the society would take action leading to the formation of such a board for the Vermont State Asylum.

An interesting discussion followed, during which Dr. Warner, of New Haven, President of the society, entered the hall and took the chair. Dr. Hyde, of Hardwick, thought the portion of the address relating to abortion, should be circulated throughout Vermont. There is great ignorance on the subject of the danger and wrong of the practice. Every doctor has such applications to him, nine-tenths of them from married women. The profession has a duty in building up a wholesome public sentiment on the subject.

Dr. Fassett, of St. Albans, thought a commitee should be appointed to memorialize the Legislature for further legislation on the subject, especially for preventing the circulation of advertisements of abortionists and their medicines, in the newspapers.

Dr. Stiles thought that if the *profession* was kept within bounds it would help much toward the object in view. The idea that the world would be peopled faster if the proper ends of marriage were more generally regarded, was a very good one; but on looking round him, he noticed as small families and few children among the medical profession, as out of it. He thought in this matter, "Charity should begin at home."

Dr. Warner said his absence hitherto, had been owing to attendance on a dangerous case resulting from the crime in question. He was glad to find the subject under discussion. No woman ever came to him but once to secure abortion. He always endeavored to show them the danger and wrong of such interference with nature, and in some cases had threatened exposure, if he should discover that they applied to other parties, for the same end.

The discussion was further continued by Drs. Perkins, Keith, and Harding, in the same general line of remark.

Dr. Keith, one of the delegates appointed by the society to attend the examination of the graduating class in the medical department of the U. V. M., made a verbal report, reserving a written report for the annual meeting in October. The number of students in attendance during the lecture term was 80; the graduating class, 24. The examination was rigid, critical, thorough, and most highly satisfactory to the delegates, evincing close study and investigation on the part of the class, and a determination on the part of the faculty of the college to insist upon thorough attainments, and a high standard for graduation. The young men acquitted themselves nobly, nine of them taking the highest mark; and all passing a good examination. He expressed the hope that the institution would

receive the hearty and cordial co-operation of the profession in the State.

Prof. Perkins presented a set of instruments for uterine dilation, consisting of three dilatable rubber bags of graduated sizes, to which he had added a smaller size. He explained their use in the case of retained placenta, and flowing, etc.

Mr. Tinkham, agent for Perkins, Sterne & Co., had permission to present before the society samples of California wines for their inspection, which he claimed were the pure juice of the grape, and valuable for medicinal purposes. The samples were highly appreciated.

Second Day.

Upon the assembling of the society the second day, the following resolution was offered by Dr. Goldsmith, and unanimously adopted:

*Resolved*, That while the State Medical Society does not desire to regulate the prices of professional labor in the State, it is nevertheless fitting and becoming in us to fix a scale of fees which in our judgment will afford a rate of compensation reasonable and just to practitioner and patient.

Dr. Goldsmith then moved that, in the judgment of this society, the following sums are a reasonable compensation for the services mentioned as follows:

| | |
|---|---|
| For each visit within one mile, | $1 00 |
| For each mile travel, | .50 |
| For first consultation (mileage extra), | 5.00 |
| For each subsequent consultation, | 3.00 |
| For midwifery, | 10.00 |
| For office consultation, | 1.00 |
| For written advice, | 5.00 |
| For examination of Thorax, Uterus or Rectum, first time, | 5.00 |
| For each subsequent examination, | 3.00 |
| For vaccination, | 2.00 |

The motion was agreed to.

Prof. J. Perkins read a paper presenting observations intended to be preliminary to a series of communications upon *Diseases of Females*.

Dr. L. C. Butler presented a paper on the *Decadence of the American Race as exhibited in the Registration Reports of Massachusetts and Vermont; Causes and Remedy.*

Dr. Butler's paper renewed the discussion on criminal abortion; and subsequently the whole subject was referred to a committee consisting of Drs. L. C. Butler, M. O. Porter, and H. D. Holton, who were instructed to memorialize the Legislature in regard to further legislation upon the subject of criminal abortion; and also to urge the passage of a law which shall restrain the publication, in newspapers and pamphlets, of vile and obscence matter relating to the same subject. The committee were also instructed to place before the public in such form as they deem best, a proper expression of the sentiments of the society upon the subject.

Prof. Perkins was appointed a committee to present resolutions for the consideration of the society upon the same subject.

Dr. C. M. Rublee, of Montpelier, read a paper on *Cataract*, detailing the history of six cases in one family.

Dr. J. N. Stiles presented the following resolution, which was adopted:

*Resolved*, That the society tender their thanks to Mr. O. M. Tinkham for the samples of California wines presented from Perkins, Sterne & Co., and that the society heartily commend them to the profession of the State as well worthy of their confidence and patronage.

The Board of Councillors recommended as a subject for discussion at the annual meeting in October, prox., *The Medicinal Springs of Vermont*, and appointed Dr. W. R. Hutchinson to read a paper on the subject.

They also invited each member of the society to present papers on any medical topic they may choose.

Dr. F. W. Goodale, of Greenboro', presented specimens of mucous membranes which he regarded as coming from the bladder of a female patient under his care. Dr. Goodale gave a succinct history of the case.

Dr. Braley, of Chelsea, introduced the following resolution, which was adopted:

*Resolved*, That each member of the Board of Councillors be requested to furnish to the Secretary of this Society a complete census of the physicians of his county.

Dr. Harding, of Grand Isle, read a paper on the *Topography and Diseases of Grand Isle County.*

Prof. J. Perkins presented the following resolutions, which were adopted:

*Resolved*, 1st. That it is an imperious duty resting upon us, as representatives of the medical profession of Vermont, to affirm our belief of the fact in the natural history of the reproduction of man, established by the concurrent testimony of physiologists of the highest repute, and which challenges contradiction, that the moment of coalescence of the correlative germs which result in fecundation and conception, is that moment when the Creator endows the new being with a living organism and an imperishable soul.

*Resolved*, 2d. That all legislation in the criminal codes, which distinguishes the grade of criminality of destroying the vital organism according to the periods of intra-uterine life, is founded upon an exploded and utterly baseless dogma, and contravenes justice to the unprotected being, to the criminal abortionist, and the more criminal parent, and the fiat of our Creator, and exposes the chief criminal to the fearful penalties of those who infract the laws of nature and nature's God.

The thanks of the Society were presented to the railroads of the State, for the courtesy of half fare on their roads, to the daily press of the city of Burlington, and the papers of the State generally, for the courtesy of notices of our semi-annual meeting, with the assurance that their courtesies in this regard are highly appreciated; and to the professors of the Medical Department of the Vermont University, for the cordial and interesting manner in which they have entertained us during this session.

During the session, Prof. Ordronaux, of the Medical Department U. V. M., addressed the

Society upon the subject of laws relating to criminal abortion, suggesting that such laws should not be based upon the time of quickening as the starting-point of criminality.

Dr. M. GOLDSMITH also addressed the Society upon the medical and hygienic lessons of the war, referring especially to the subject of *Pyemia*. Dr. G. related cases that occurrred in the army hospitals under his inspection, showing how all former theories and speculations in reference to this disease were controverted by the facts which had come under his observation. He now believed it to be a local, and not a constitutional disease, and to be produced more by bad air and want of proper cleanliness, than by any other cause, and to be amenable to local treatment and proper hygiene. "We were sorry to leave the poor fellows," he said, "on the battle-field, under the shade of trees, but they got well, while those who were taken to hospitals with bad air, died."

After a very interesting session, with a large attendance from all portions of the State, the Society adjourned *sine die*.

# EDITORIAL DEPARTMENT.

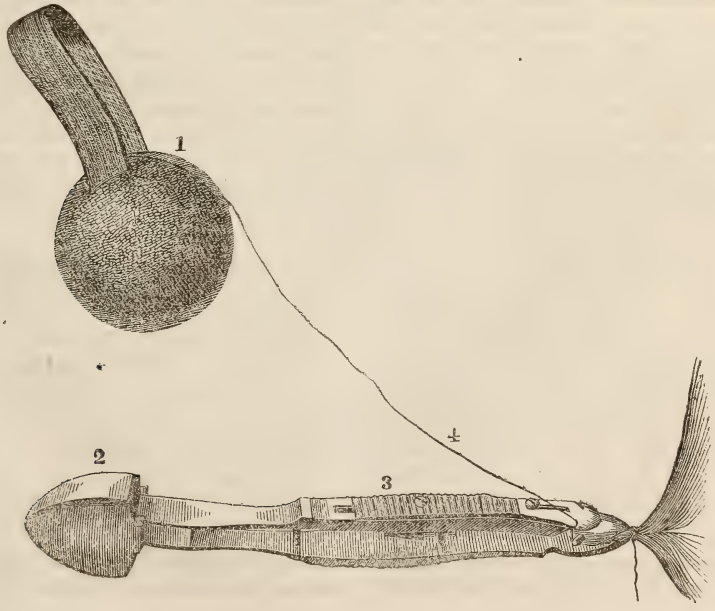
## Periscope.

### Surgeon's Reel and Artery Forceps.

Prof. JOHN T. HODGEN publishes in the *St. Louis Medical Reporter*, an account of an ingenious contrivance for the use of the surgeon when operating where it is necessary to use the ligature.

"Fig. 1 represents the reel, which is an ordinary hollow rubber ball, the diameter of which is about one and one-fourth inch; there is a cut extending through about one-half of its extent, for the purpose of introducing within the cavity a ball or spool of surgeon's silk; on each side of this cut two smaller cuts are made, so as to pass through and fasten an elastic band large enough to slip over the hand and fit on the wrist. After the silk is placed (being previously waxed) within the reel, the end is allowed to hang out an inch or so in order that it may be in readiness. In using it the reel is attached to the left wrist (by means of an elastic band), the end of the thread hanging out as stated above, the ligature may be drawn out the required length and applied with much celerity and but little trouble.

"The forceps are the ordinary duck-billed; on the end of the handle a large knob (Fig. 2), weighing about an ounce, the object of which (knob) is that by its weight it stretches and draws the artery from the soft parts, thus easily enabling a ligature to embrace a vessel. In the upper blade of the forceps there is an oblique notch (on both sides) three-fourths of an inch from the point, and one-fourth of an inch deep, passing obliquely upward in the direction of the point, beveled so as to present a cutting edge forward. The thumb slide (3), is prolonged forward, having notches corresponding to that of the blade, with the exception that its cutting edge is presented backward in the direction of the handle; when the slide (3) is pushed forward so as to close the instrument, these notches are brought opposite each other. In front of these notches on the upper blade there are little hooks directed obliquely backward, which enable the ligature to be readily thrown into the notch; upon drawing back the slide (3) the forceps are opened, and at the same time the thread which is intended to be cut, being between the two sharp edges, is severed; thus there is combined forceps and scissors in the same instrument."



# Reviews and Book Notices.

## NOTES ON BOOKS.

The "*Cincinnati Journal of Medicine*" has changed both its local habitation and its name It now appears at Indianapolis, Indiana, under the title, "*Western Journal of Medicine.*" Dr. Parvin remains connected with it as editor.

The latest promised novelty in New York medical literature, is "*The New Medical Gazette*, a weekly Review of Practical Medicine, Surgery, and Obstetrics." The first number will be issued in October next. It is from the new and fertile press of A. Simpson & Co. The editors are not mentioned in the prospectus sent us. It will consist of eight pages of reading matter.

Lindsay & Blakiston announce the republication of the "*Biennial Retrospect of Medicine, Surgery, and the Allied Sciences*, for 1865–66," of the New Sydenham Society. "Wright on Headache," from the 4th London edition, and the "Art of Prolonging Life," by the celebrated Hufeland, edited by Erasmus Wilson.

The value of Thermometric Observations in Typhus Fever, is the subject of a late pamphlet by Dr. T. W. Grimshaw, of Dublin, recently sent us. The results set forth do not altogether agree with those of previous observers, nor do they give much additional information of clinical value. The latter in fact reduces itself to the maxim, that any sudden change in temperature, whether by increase or decrease, is a warning to the physician that complications or serious dangers are ahead. The thesis shows close and conscientious study of the topic.

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**A Practical Guide to the Study of the Diseases of the Eye: Their Medical and Surgical Treatment.** By Henry W Williams, M.D. Second edition, Revised and Enlarged. Boston: Ticknor and Fields. 1867. Cloth. 8vo, pp. 422.

This is an admirable treatise, and in its finish most creditable to the distinguished firm whose imprint it bears. The first edition appeared in 1862, and now not only has the whole work been revised, but an Appendix added on Recent Advances in Ophthalmic Science, bringing in all the important discoveries in that specialty, quite down to the current year. While the author writes for the profession only, he very wisely avoids, as far as possible, the cumbersome and pedantic technology which disfigures so many works on eye diseases. The work is illustrated in a style which we have not seen surpassed by any issued from the American press; and to add to its value, a copious index, and a series of test letters, mathematically accurate, and very carefully printed, are appended. Of all treatises on this department of surgery, we know none better adapted to the wants of the general practitioner.

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**Chemistry of the Farm and the Sea: With other Familiar Chemical Essays.** By J. R. Nichols, M.D. Boston: A. Williams & Co. 12mo., pp. 123. Cloth, $1.25.

This is a very instructive little book. The Essays appeared for the most part, in the *Boston Journal of Chemistry*, and were intended to present the matters they treat of, with scientific correctness, in a popular garb. The end has been very successfully attained. Some of the articles are peculiarly interesting to the physician. Those on Obscure Sources of Disease, on the Local Decomposition in Lead Aqueduct Pipes, and on Bread and Bread-making, should especially be mentioned. We should be glad to see these subjects discussed at still greater length, in works likely to have a large circulation, as we doubt not will be the case with Dr. Nichols'.

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**Notes on the Origin, Nature, Prevention, and Treatment of Asiatic Cholera.** By John C. Peters, M.D. Second edition, with an Appendix. D. Van Nostrand, N. Y. 1867. 1 vol., 8vo., pp. 200. Cloth. *Price*, $1.50.

The first edition of this work was received with so much favor by the profession, that we need but advert to the improvements that have been added. These consist chiefly in remarks on the true nature of the cholera poison, in the best means to prevent the disease, and on the methods of its distribution. An appendix of about forty pages, devoted to these and other points, adds much to the original value of the book. It is very neatly printed on tinted paper, and has the great merit of being a volume of convenient size.

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**Good English, or Popular Errors in Language.** By Edward S. Gould, author of "Abridgment of Allison's Europe." etc. etc. New York: W. J. Widdleton, Publisher.

Though not strictly a medical work, this volume will be found of equal interest to the members of our profession as to all other classes of educated people. Especially will it prove of value to that portion of the profession who devote much of their time and talent to lecturing and writing, as in no other branch of study and teaching is correctness of language more important for the accurate conveyance of ideas.

**On Railway and other Injuries of the Nervous System.** By John Eric Erichsen, Fellow of the Royal College of Surgeons, etc. etc. "Je raconte, je ne juge pas." 1 vol., 8vo, pp. 103. Philadelphia: H. C. Lea, 1867. *Price*, $1.00.

This book, with its modest motto, attracted no little attention in England about a year ago, when it first appeared. Not the medical press only, but the literary journalists called attention to it, and many of our readers doubtless remember having seen quite a lengthy article upon it in Littell's *Living Age*, from one of the English periodicals. All the world travels on railways now-a-days, therefore, all the world has a curiosity to know what forms of dire mishaps may consequently be expected. Then there is the more interesting question, how much damages they may reasonably look for from the company. No work yet written gives so much on these points in such brief compass. Moreover, it is especially directed toward elucidating those obscure and terrible injuries which originate in some lesion of the great nervous centres, and which so frequently puzzle the surgeon. The book is a series of lectures delivered at the University College Hospital, London, and we can best give an idea of its contents by copying their titles. They are: I. Introduction. II. Effect of Severe Blows on the Spine. III. On Concussion of the Spine from Slight Injury. IV. Concussion of the Spine from General Shock, Twists, and Wrenches of the Spine. V. Symptoms and Pathology of Concussions of the Spine. VI. Diagnosis, Prognosis, and Treatment.

The surgical points are well illustrated by cases, some of them as interesting and as strange as any recorded in the annals of the art. The style is free and entertaining, though here and there marked by blemishes inseparable from hasty delivery. For instance, on page 21, illustrating what he says by his manner of saying it, is the awkward sentence: "Medical men are frequently, perhaps, at times, somewhat inexact in the expressions they use." And a little lower down on the same page, "How often have I not heard attempts made to show that two surgeons of equal eminence did not agree in their opinions," etc., when he evidently means, "How often have I heard," etc. But it were invidious to carp at these small flaws, and they are not abundant. The book is on the whole the most valuable addition to the literature of surgery we have seen this year, and we especially recommend the general observations in the introductory chapter to the earnest consideration of every physician and surgeon.

**The Mineral Waters of the United States and Canada, with a Map and Plates, and General Directions for Reaching Mineral Springs.** By J. J. Moorman, M.D. Baltimore: Kelly & Piet, 1867. 1 vol., 8vo., pp. 507. *Price*, $2.50.

We have already noticed this work from the advance sheets. It will be found a most useful manual to the physician; in fact, the best work which has yet appeared on the topic. American physicians set altogether too little value on the medicinal effects of mineral waters, chiefly, by their leave, through lack of acquaintance with their constituents and remedial powers. Too often the patient is sent to Saratoga, or the White Sulphur, without his physician having more than a very vague knowledge of what effect their waters exert. Too often they are looked upon as a sort of Bethesda pools, good for any disease, if only used actively and persistently. Dr. Moorman's work does away with these false notions, and lays down distinctly when and where the patient should be sent from home. The book is not quite what its title represents it, as of the 500 pages, or thereabouts, not less than 365 are consumed with a discussion of the springs of Virginia alone, and the map includes only those in that State. It is hardly a fair proportion to leave for the rest of the United States and Canadas. The latter, indeed, is cut off with only six pages. The work is in clear, bold type, correctly printed, though the lithographs are rather obscure.

**The Terchloride of Carbon as an Anæsthetic.**

This substance, ($CC_{14}$) was proposed as an anæsthetic by Sir J. Y. Simpson in 1865. The *London Lancet* says of it:

"From our own observation, we may state in favor of this agent, that it has a pleasant odor, somewhat resembling that of the quince. We understand that anæsthesia is rapidly produced by it (in some cases in the space of half a minute), that the condition appears to be easily sustained with or without entire loss of consciousness, and that the effects pass off very quickly. There is not usually, we learn, any excitement or struggling before anæsthesia supervenes, and its use is not followed by the sickness which is sometimes so troublesome a feature from the administration of chloroform. A point of great interest in relation to the terchloride of carbon is the property which we are told it possesses of immediately allaying pain arising from any cause. In a large number of instances it has been successfully employed for the relief of headache and dysmenorrheal suffering. Dr. Protheroe Smith has found it of great value in inducing quiet and refreshing sleep. He has also employed it in midwifery, and finds that it removes pain, without necessarily destroying consciousness or interfering apparently with the expulsive efforts of labor.

Medical and Surgical Reporter.

PHILADELPHIA, JULY 13, 1867.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

## INSANE INVESTIGATIONS.

Such is the term appropriate to the proceedings by which the Superintendents of some of our institutions for the Insane, have of late been subjected to much annoyance in consequence of unjust and unfounded charges of harsh and cruel treatment of patients, and of being parties to the confinement of sane persons in such institutions for ulterior purposes.

There is great morbid sensitiveness in the public mind in regard to the management of the insane in hospitals and institutions for their treatment. Improbable stories of harsh treatment and unnecessary confinement, often the mere fancies of a disordered intellect, or the inventions of a wicked heart, are listened to by some with the greatest avidity, and thereby gross injustice done to superintendents and managers whose character and position should have been a guarantee against such unjust imputations. We believe that most, if not all these charges originate with epileptic and hysterical cases, and with a class well known to all our institutions for the insane, and which are best described when we say that they are "possessed of the devil." This latter class is often perfectly implacable and unscrupulous, and withal are smart, plausible, and ingenious in inventing a story which they are always ready to sustain by the most solemn averments, and can often find others as unscrupulous to support them.

Among those who have of late passed through this ordeal of false accusation are Dr. Andrew McFarland, of the Illinois State Hospital for the Insane, and Dr. H. M. Harlow, of the Asylum for the Insane, at Augusta, Me. Besides these cases, other superintendents of hospitals for the insane, have been subjected to the annoyance of suits at law, and to dismisssal from their positions on frivolous and empty charges, without proper investigation, even when they had the support of those whose special duty it was to supervise their acts.

We believe that institutions for the insane should be public institutions, and that with the Superintendent and the Board of Managers, who are responsible to the public, their management should rest, and that they should be free from political agitation, and the annoyances arising from false accusations on the part of patients and their over-zealous friends, or interference from place seekers.

In the case of Dr. McFarland, referred to above, the Trustees of the Illinois State Hospital for the Insane, consisting of some of the first men in the State, at a meeting held on the 3d of April last, passed the following preamble and resolutions:

Whereas, It has come to the knowledge of this Board that many complaints are made in different parts of the State in regard to the internal and external management of this institution; and

Whereas, The Legislature has failed to appoint a committee of investigation, as was contemplated by at least one of its branches; and

Whereas, We believe it to be due to the people of the State, to be fully informed in regard to the true state of affairs of this institution; therefore be it

*Resolved*, That this Board, having themselves no knowledge of anything discreditable to this institution or its management, believe it to be their duty, and they desire to make a full and searching inquiry into all the charges against the management of this institution, and lay the result thereof before the public.

*Resolved*, That to be enabled more fully to carry into effect the foregoing resolution, this Board will cheerfully hear all responsible persons who may think proper to appear before this Board at the next regular meeting thereof, June 5th, 1867, and prefer specific charges against the conduct of any individual connected with the management of the same, or any specific and definite charge made in writing over the signature of known and responsible persons, communicated to either of the members of this Board.

*Resolved*, That a copy of the above preamble and resolutions be furnished for publication to *The Illinois State Journal* and *The State Register*, and that papers published in the State generally be requested to copy the same.

If we mistake not, the charges against the management of the Illinois Hospital for the Insane, were made in a book, written by a lady who had been a patient in the institution.

In the case of Dr. Harlow, the following preamble and resolutions, offered by Dr. Gilman Davis, of Portland, were passed at the meeting of the Maine Medical Association, held at Portland, on the 18th and 20th of June.

Whereas, It has come to the knowledge of this Society that statements have been publicly made reflecting with severity upon the Augusta Asylum for the Insane, and bringing charges of cruel neglect and improper treatment of the patients of that institution, it is therefore,

*Resolved*, That it is the opinion and belief of this Society, that all such charges or representations are without foundation in fact, and are calculated to impair the confidence of the community in an institution which we believe to be well managed for the best interest of those under its care, and

one of which our State may be justly proud, as affording advantages for the comfort and cure of this unfortunate class of patients, at least equal to those of any similar institution in our country; and it is further

*Resolved*, That in the learning, ability and skill of Dr. HARLOW, the present Superintendent of that Institution, in his fitness for the work, and in the efficient and faithful manner in which he has performed the duties incumbent upon him, this Society has entire confidence, and deems it due alike to the community and to itself, to express it in this manner.

After remarks by Drs. HILL, TOWARD and BRICKETT, of Augusta; PUTNAM and NOURSE, of Bath; BUXTON, of Warren; HAWES, of Hallowell; DAY, of Alfred, and MARTIN, of Lewiston, all bearing the same testimony to Dr. HARLOW's character for efficiency and faithfulness, it was unanimously

*Voted*, That the resolutions pass, and the Secretary be instructed to have a copy published in the papers of the State.

# Notes and Comments.

### The Public Health.

The condition of the country as regards health may be judged of from the reports of Dr. HARRIS, Registrar of Vital Statistics of New York. He says:

"Notwithstanding the protracted inclemency of the past winter and spring, there were 1085 fewer deaths in the first 26 weeks of the present than in the first half of the previous year. Of these 1085 lives there were 465 adults, and 620 children under five years old."

This gain of 1085 lives was in the face of severe and very fatal epidemics of scarlatina and measles, which prevailed during that period. "These infections were most fatal between the ages of 1½ and five years, and by various fatal disorders that follow them, they have caused nearly double the mortality that we have charged to them."

Dr. HARRIS attributes the improvement in the public health to *sanitary cleansing*.

What effect the sudden accession of extremely hot weather will have remains to be seen. Of course mortality, especially among children, will be increased; but much of this increased mortality will be due entirely to preventible causes. A morning paper of this city says:

"We are again in receipt of communications concerning the condition of the streets—not only as to the filthy condition of the gutters in some of them, but the sickening stench they give out under the broiling sun of the past week."

It seems that the health of London, as well as that of our own large cities, has been excellent for the past six months.

### Cholera

This disease still maintains a threatening attitude, both in this country and in Europe. The United States Consul at Palermo, Sicily, communicates to the Secretary of State the fact of its outbreak again in the southern part of that island. In some places it is very fatal, carrying off thirty or forty persons daily, in a population of about 10,000.

The *British Medical Journal* reports cholera to be prevailing to a considerable extent in some parts of France. Official reports likewise state that it has raged in the Province of Lombardy ever since the beginning of February. It is also announced on the coast of the Adriatic.

A few cases have been reported in different sections of our own country, sufficient to warn us to be more vigilant than we have yet shown ourselves to be, in adopting measures to prevent the disease. A Louisville paper says that from the 13th to the 27th of June, there were seventy deaths from cholera in Memphis.

### Yellow Fever.

Yellow fever threatens to be very fatal this season, and there is great danger of its becoming epidemic in some of our own cities. A private letter from Mauritus (east coast of Africa) says: "I am writing from the city of the dead. You will see that 10,000 persons have been carried off last month, the average in town being 200 per day. Every engine driver that I have had at Port Louis has been, or is at the present time down with the accursed fever. I have this morning 112 men absent from the same cause. A batch of doctors from India is expected next mail, but the ravages before then may be fearful." The writer himself has had three attacks of the fever. It is reported that there have been 30,000 deaths on the island, in a population of 250.000.

The U. S. Consul at Port au Prince, Hayti, in a communication to the Secretary of State, says that yellow fever is prevailing there, and calls attention to the fact that great danger exists of importing it into the United States by means of rags, which are extensively exported to this country from Hayti.

The disease exists also at Indianola, Texas, having been brought thither by a vessel from a Mexican port. From Indianola it has been introduced into New Orleans, where, during the two weeks ending July 3d, the Board of Health reported eight cases and six deaths.

**New York State Inebriate Asylum.**

In speaking of this institution recently, we alluded to its late Superintendent, J. Edward Turner, as a member of our profession. We learn, however, that though he was, by courtesy, called "Doctor," and though he affixed to his signature the title of "M.D.," he is not, and never has been a physician, having no medical education, and possesses no diploma. Our profession is therefore happily relieved from the responsibility of his questionable acts.

We are glad to learn that the Asylum is again in successful operation, and that Dr. Day, who entered on his duties on May 1st, seems to be the "right man,"—of whom we read. He certainly gave evidence of it in his former position.

# Correspondence.

## DOMESTIC.

### Letter from New York.

**The Public Health—Deceased Physicians.**

Editors Medical and Surgical Reporter;

As it is difficult to get under way in conversation without making a remark or two about the weather, I will introduce this communication with a quotation from Dr. Elisha Harris: "The great rain (nearly five inches depth of water) that fell the 28th and 29th of October last, introduced a wet year. During the past ten days the rain-fall has been equivalent to six inches depth of water," making "nearly forty inches depth of rain" since September last. This was reported June 19th, and since that time there has not been any "let up." That this moist condition is not detrimental to health, is demonstrated by the unusually small number of deaths. Doctors complain of idle hours and scanty receipts, and the list of those who have gone abroad is longer than in former years. Two have recently died, Dr. S. Pomeroy White and Dr. Benjamin Ogden. Dr. White gained renown by tying the internal iliac artery for gluteal aneurism. At a later date he was unfortunate in an operation, having, as was alleged, wounded an important blood vessel, so that the result was fatal. This case produced much excitement. Besides communications in a medical journal, one or more pamphlets were issued to establish points claimed by those concerned in the treatment. The doctor was never the same man afterwards. Dr. Ogden was a most amiable man, and one to whom were confided many important trusts. He was an authority in mental disorders.

**University Medical College.**

The chair of Materia Medica and Therapeutics, in the University Medical College, having become vacant by the resignation of Professor Martyn Paine; Dr. Wm. H. Thomson has been elected his successor. Dr. Thomson is a son of the celebrated missionary; was born at Beyrout, Syria, and gained his medical title at the Albany Medical School, N. Y. He has the reputation of superior scholarship, his knowledge extending even into the realms of oriental science and literature. Small doses and masterly inactivity do not find favor with him. The recent attempt to elect one of the professors in this school as physician to the City Hospital was not successful. Dr. James W. McLane received a large majority of the votes cast. You will remember that last year the University Medical College building was burnt. The faculty hired a portion of one of the City Hospital buildings, and this was regarded as the entering wedge to a close connection between the two, but thus far other interests have kept them as separate as the moss is from the stone, to which it seems to adhere.

**LL.D.**

Some of our brethren rejoice in the title of LL.D., and a method, unheard of by your correspondent, has been adopted to add to the number. A petition is in circulation praying that a certain Professor may be thus dubbed. Some, whose names are solicited, sign it, others refuse. The title is differently estimated in different quarters. One of our prominent men, a professor in a medical college refuses, to have it appended to his name in the catalogue, and when his colleagues once took this liberty, it is currently reported that he took it in dudgeon, and threatened to resign, if the insult was repeated. Palmer, the wooden leg man writes LL.D. after his name; and it is in contemplation to confer this honor(?) upon a clever veterinary surgeon, and make him Doctor of Laws as well as of horses.

**Appointments to Bellevue Hospital.**

Prof. Thomas M. Markoe has recently been elected one of the surgeons in Bellevue Hospital, to fill the vacancy made by the death of Dr. Wm. H. Church. Shortly before the organization of Bellevue Hospital Medical College, these positions were given to young men not largely engaged in practice, others not wanting them, but this is changed, and Professors of high standing make great exertions to secure an appointment in order to increase their facilities for clinical teaching. Bellevue Hospital will continue to be a chessboard, where doctors will use all the art of politicians to manœuvre for a place to display

their skill in teaching and healing, the college at the present time seeming to have the advantage.

### New York Hospital.

Professor Willard Parker has resigned his position as surgeon in the City Hospital, and already numerous ropes have been laid and twisted by dexterous hands, to force the governors of that institution to incline to various candidates. The friends of the University College want the place for an ambitious professor in that school, which as I have told you before, has a local habitation upon the grounds of the hospital, and would have no objection to connect its name therewith. As soon as the appointment is made, your correspondent will have something to say about it.

Yours truly, Swan-Quill.

*New York, June* 24, 1867.

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## Letter from Boston.

### Hot Weather!

Editors Medical and Surgical Reporter:

We are proving to the full, the truth of the lines which years ago Dr. Holmes wrote on "the Hot Season:"

> "The folks that on the first of May,
> Wore winter coats and hose;
> Began to cry the first of June,
> Good Lord! how hot it grows."

This is literally true. Until the first of the present month it seemed as if the annexation of Russian America had annexed its climate also, for the weather report of May could be summed up in these words, rain and cold. Since then, however, it is all right. The sun has come out from his shade, and with just rain enough to keep the grass and the leaves in good condition; the weather has been delightful; occasionally, for a short time, we have had the usual alternation from great heat to great cold, lasting a few hours. One day the thermometer fell from 83° to less than 50°, in the space of two or three hours—but, on the whole, it may safely be said, that summer has come at last. But with all this lateness of the season, I doubt if ever the face of nature looked more lovely, or vegetation was more luxuriant. The grass and the grain crops are most extraordinarily grown, and the yield of the former now promises to give some relief to owners of that very necessary animal, the horse, in the way of cheapening the price of bran. A consummation devoutly to be wished by all medical men.

### Massachusetts Medical Society.

The first week of this month is the anniversary of all our medical societies, as well as of various other military and civil. It was a week of charming weather, and brought out at the annual meeting of the Massachusetts Medical Society, the largest attendance that has gathered for many years, if ever before. The first day of the session was devoted to the reading of papers from members and discussing them. The second day was the great day. The business meeting was held at the hall of the Mechanics' Charitable Association, and was fully attended. A variety of business and reading of papers, exhibition of appartus and instruments, took up the time till 1, P. M., when the orator of the day, H. P. Wakefield, M. D., of Reading, delivered the annual discourse. At its close, the members adjourned to the music hall to participate in the festivities of the anniversary dinner. While they were being seated, to the number of about 500, the great organ, under the manipulation of Mr. Geo. E. Whiting, pealed forth its sonorous tones for about half an hour, much to the delight and enjoyment of those present. After a reasonable time spent in satisfying the cravings of hunger, the assembly was called to order by the anniversary chairman, Dr. H. W. Williams, of this city, who, in a few appropriate words, welcomed those present to the feast, and closing with a toast to the parent society, called up the President, Dr. H. C. Perkins, of Newburyport, who responded. From this time till the close of the occasion, all went merry as a marriage bell. There was much good speaking and witty repartee, prominent among which was the speech of Dr. Holmes.

### The Public Health.

The health of our community is excellent. I doubt if any city in the world can show a better record of comparative mortality. Very early in the season a single case of cholera morbus was reported, and within a short time past another isolated case here proved fatal. The great change of weather which then occurred—the thermometer falling from above 80° to below 50° in the space of a few hours—brought in some very severe attacks, but fortunately none proved fatal. Since then there have been no new cases. Are we to have cholera this summer? is a question which is often heard. The freedom from it everywhere over the world, gives rise to a hope that its course for the present at least is stayed. On the other hand some have suggested that hereafter it will have become acclimated amongst us like small-pox, measles, and the other contagious diseases, enough of its virus remaining over from one session to another, to keep up the connection and to prevent its entire disappearance. Nevertheless with the improved water supply, which is yearly being introduced more and more into cities, the safety of the communities will be more and more secured. Trimont.

*Boston, June,* 15, 1867.

# News and Miscellany.

### Pension Examining Surgeons.

The following appointments of examining surgeons, under the Pension Bureau, have been made: Dr. W. Coryell, Ithaca, N. Y.; Dr. Jonathan E. Fowler, Canfield, Ohio.

### Cholera in Sicily.

It is reported that the cholera has been making rapid progress in Sicily. Accounts from Callannessetta, dated May 29, state, that as many as eighty cases were occurring there daily, and that great consternation prevailed among the inhabitants.

—— Dr. Robert Reyburn, who has just resigned his position as Assistant Surgeon U.S.A., has been assigned to duty as Surgeon-in Chief of the Freedmen's Bureau for the District of Washington.

—— It is stated that Queen Victoria is about to devote $2,500,000 to the foundation of a convalescent hospital. The money used is the accumulation of her privy purse allowance during the years of her widowhood.

(We have since seen it stated that the above announcement is a cruel hoax.)

—— Sensible Advice. The *Medical Record* says: "We recently saw, upon a fence in the interior of this State, the advertisement: *Use Dr. H——'s antibilious Pills*, under which some irreverent wag had written, '*and prepare to meet thy God.*'"

*[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]*

### MARRIED.

Sears—Brown.—June 26, at the residence of the bride's parents, by Rev. H. C. Hayden, Hector Sears, of New York, and Laura C., daughter of L. C. Brown, M. D., of Painesville, Ohio.

### ANSWERS TO CORRESPONDENTS.

*Dr. J. K., N. Y.*—You are right. The bill was sent by mistake.

*Dr. W. P. T., N.Y.*—The Money was duly received and credited to your account.

### METEOROLOGY.

| June, | 24, | 25, | 26, | 27, | 28, | 29, | 30. |
|---|---|---|---|---|---|---|---|
| Wind..... | S. E. | E. | N. E. | E. | W. | N. W. | S. W. |
| Weather.... | Cl'dy shw'y | C 'dy. Rain. | Cl'dy. Rain. | Cl'dy. Drizzling | Clear. | Clear. | Clear. |
| Depth Rain.. | | 1 2-10 | 1-10 | | | | |
| *Thermometer.* | | | | | | | |
| Minimum..... | 65° | 68° | 62° | 61° | 68° | 70° | 72° |
| At 8, A. M..... | 73 | 70 | 63 | 64 | 76 | 74 | 79 |
| At 12, M..... | 77 | 70 | 64 | 72 | 80 | 82 | 85 |
| At 3, P. M..... | 78 | 68 | 66 | 75 | 82 | 83 | 85 |
| Mean..... | 73.25 | 69. | 63.75 | 68. | 76.50 | 77.25 | 80.25 |
| *Barometer.* | | | | | | | |
| At 12, M..... | 30. | 30. | 30.1 | 30.1 | 30.1 | 30.2 | 30. |

*Germantown, Pa.* B. J. Leedom.


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OF

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HORACE WILLIAMS, M.D.

The Philadelphia Summer School of Medicine will begin its fourth term on March 1st, 1868, and students may enjoy its privileges without cessation until October.

The Regular Course of *Examinations* and *Lectures* will be given during April, May, June, and September.

FEE, $50.

OFFICE STUDENTS will be received at any period of the year; they will be admitted to the Summer School and to the Winter Examinations, and Clinical Instruction will be provided for them at the Pennsylvania, Philadelphia, Episcopal, and Children's Hospitals. They will be given special instruction in the Microscope, in Practical Anatomy, in Percussion and Auscultation, in Practical Obstetrics and Pathology. They will be enabled to examine persons with diseases of the Heart and Lungs, to attend Women in Confinement, and to make Microscopical and Chemical Examinations of the Urine. The Class Rooms, with the cabinet of Materia Medica, Bones, Bandages, Manikins, Illustrations, Text-Books, Microscope, Chemical Reagents, etc., will be constantly open for study.

WINTER COURSE OF EXAMINATIONS will begin with the lectures in the University of Pennsylvania in October, and will continue till the close of the session.

SURGICAL DISEASES OF WOMEN. A Course of Lectures will be delivered by H. Lenox Hodge, M. D., on Displacements and Flexions of the Uterus; Inflammation of the Uterus; Polypi; Fibrous Tumors and Cancer of the Uterus; Inflammation of the Ovaries; Tumors of the Ovaries; Ovarian Dropsy; Sterility; Vesico Vaginal and Recto-Vaginal Fistulæ.

PERCUSSION AND AUSCULTATION in Diseases of the Lungs and Heart, will be taught by James H. Hutchinson, M. D., by Lectures, and by the Clinical Examination of Patients.

The Society of the Medical Institute meets once every month, and essays are read and medical subjects discussed by students.

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AUG 10, 1867.

THE

# MEDICAL AND SURGICAL REPORTER.

No. 542.] PHILADELPHIA, JULY 20, 1867. [Vol. XVII.—No. 3.

## Original Department.

## Communications.

### CASE OF EXTRA-UTERINE PREGNANCY,

**With Remarks on the Efficacy of Surgical Treatment upon Rupture of the Ovo-cyst in the early months.**

By J. M. Carnochan, M.D.,

Surgeon-in-Chief to the State Hospital, New York, formerly Prof. of Clinical Surgery, etc.

Although the consequences of extra-uterine fœtation in some of its phases, have generally been regarded as being beyond the reach of surgical aid, yet, in the general progress of science, the hope may be entertained, that further investigation on this subject, may lead to results less invariably fatal, than has, heretofore, been considered as possible to be attained.

It may be said, that the medical authorities who have treated on the pathology of the misplaced ovum, have given more attention to the causation and to the morbid anatomy, than to the possibility of using curative means which might be adopted to ward off the impending destruction which threatens the patient from hemorrhage, upon rupture of the ovo-cyst, during the first two or three months of the abnormal pregnancy. At this early stage, the cyst containing the ovum is exceedingly vascular in the general circumference, and can scarcely be ruptured at any point, without a profuse flow of blood taking place. The placenta cannot then be said to be formed, and the ovum receives its nourishment through the medium of the spongioles or tufts of the chorion, implanted upon the inner wall of the ovo-cyst. Later, or after the third or fourth month, if the sac containing the misplaced ovum should not be ruptured, the area of the vascularity of the cyst will become less extended, and that portion of the sac free from the implantation of the placenta, being membranous, may be ruptured without a fatal hemorrhage. There is no case on record, as far as I know, of recovery from the rupture of the ovo-cyst during the first ten weeks after extra-uterine conception. Dr. Campbell, of Edinburgh, mentions two supposed cases of recovery, but the details are not sufficiently satisfactory to allow them to be regarded as exceptions to the general rule of fatality.

It is evident that the absolute danger to life from extra-uterine fœtation is hemorrhage, and as this is unavoidable, during the first ten or twelve weeks, it is at this juncture, that a surgical operation might be the means of averting death. It is well understood that during the more advanced periods of extra-uterine gestation, the ovum, escaping through a rent of the ovo-cyst, may form new adhesions, as well as a new cyst, and may remain more or less passive for years, or may be eliminated, in time, by disintegration of itself and ulceration of the super-imposed parts.

Professor Meigs, of Philadelphia, in writing on this subject, says, that the diagnosis of the existence of hemorrhage from rupture of the ovo-sac in cases of extra-uterine pregnancy, at or before the third month, "would not lead to any hopeful therapeutic or chirgurgical intervention, for nothing is to be done in these melancholy cases beyond the adoption of mere palliative measures." No man, he continues, "would be mad enough, under such diagnostic, to perform a gastrotomy operation." There can be no doubt that surgical efforts in such a condition, are a "*dernier resort;*" and, although the opinion of Professor Meigs is entitled to much consideration, yet the ascertained facts, already recorded, as to the amount of traumatic lesion, which the human organism can, at times, tolerate without the extinction of life; and the result of surgical operations now performed, not unfrequently with success, will not warrant the conclusion so dogmatically laid down. The experience which has been afforded by operations, such as the cæsarean section, ovariotomy, the removal of abdominal and uterine tumors, the ligature of the common iliac artery for aneurism by opening the sac, etc., will justify any traumatic lesion which may be required to reach the bleeding point of the ovo-cyst. In fact, the case of a ruptured extra-uterine ovo-cyst, is as much one of hemorrhage as would be a wound of the common iliac artery, and should be so regarded, as far as the stoppage of the bleeding is indicated.

In hemorrhage occurring from extra-uterine pregnancy, the uncertainty of the diagnosis is the only impediment which should stand in the way of using means to prevent the patient from bleeding to death. It has been supposed that premonitory symptoms, such as paroxysmal pains recurring in different parts of the abdomen, particularly in one of the iliac regions, generally manifest themselves, before the occurrence of the rupture of the ovo-sac, thereby indicating the existence of extra-uterine fœtation. These may not, however, in all cases, be sufficiently marked to attract special attention, and are likely to be confounded with the symptoms which accompany ordinary pregnancy.

When a woman, having already experienced the ordinary symptoms of pregnancy, should, from the middle of the second to the end of the third month, be seized with a sensation of sickness at stomach, with severe pain in the hypogastrium, with feeling of faintness, with depression of pulse, and palor of countenance, rupture of the ovo-sac of an extra-uterine pregnancy may be suspected. Such symptoms may be simulated by other pathological conditions, such as perforations of the bowel, rupture of the gall duct, affection of the ureter, rupture of an aneurism, etc., but these generally give warning by antecedents peculiar to themselves. The increase of the symptoms of concealed hemorrhage, and the appearance of a slight amount of bloody discharge from the vagina, would tend to corroborate the diagnosis.

Professor Stephen Rogers, of this city, has lately written an elaborate and instructive paper on this subject, in which he has proposed puncture of the wall of the abdomen by the trocar, for the purpose of ascertaining more positively the existence of hemorrhage. As the blood, in such cases, is effused slowly, and gravitates behind the viscera, toward the cavity of the pelvis and the posterior wall of the abdomen, I should prefer a small incision through the *linea alba*, sufficient to admit the introduction of the finger, in order to avoid possible injury to the intestines.

Case—Mary Anne L——, housekeeper, born in Ireland, of good constitution, of sanguineo-lymphatic temperament, aged thirty-one, was married April 19th, 1865. She was taken ill on Thursday evening, June 20th, at 7 o'clock, while at supper, with nausea and slight pain in the abdomen. Her face was flushed, with a congested appearance of countenance, but with no specially alarming symptoms; she walked up stairs to her chamber, and laid down on the outside of her bed.

At 10 o'clock, P. M., she still continued to complain of sickness at stomach. I saw her at 2, A. M. (Friday morning), when she still presented the same flushed appearance, with hard, full, pulse. At this time she was restless, and complained of the pain increasing. It was supposed she was likely to have a miscarriage, but the symptoms were not, at this stage, regarded as alarming. Ordered quietude and peppermint tea, with cloths steeped in hot brandy and camphor to be applied to the abdomen. She suffered much from thirst, and about 3 o'clock, A. M., rose to get a drink of water, and fell fainting on the floor.

I saw her again at 7.30, A. M., and was appalled at the change which had taken place in her condition. Her face was mottled, pale and livid—body icy cold—pulse feeble and frequent—mind utterly despondent, without any hope of living. She was perfectly conscious, and asked for a clergyman.

At this time I diagnosticated her case, as one of internal hemorrhage, and suspected Fallopian pregnancy as the source. A slight "show," resembling the menstrual discharge, was now to be seen, and the patient complained of intense pain in the abdomen. Ordered brandy and quinine.

Requested Professor Henry G. Cox, and Dr. Robt. Nelson, to see the case.

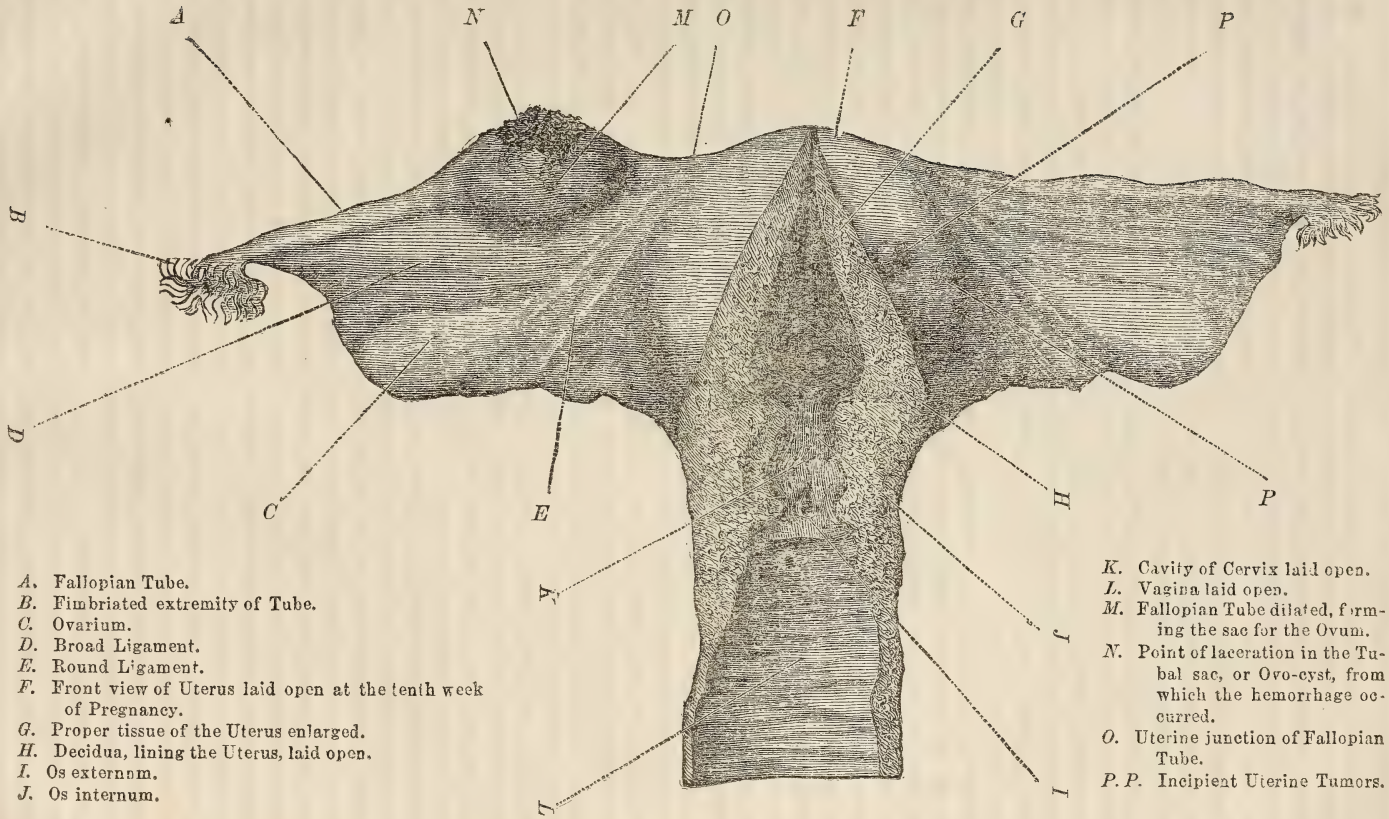
9, A. M., the patient still conscious, but complaining of great pain in the head—restlessness increasing—cold and clammy sweat pervading the body. Dr. Cox coincided with my opinion, as to internal hemorrhage, resulting from the bursting of a Fallopian ovum. Opiates were ordered—brandy continued.

6, P. M. Symptoms unabated; opiates had no effect in allaying the abdominal pain or producing sleep. Her dissolution now appeared inevitable. In consequence of the nausea, and occasional vomiting she had been unable to take any food since the commencement of the attack. At 9, P. M., she insisted upon partaking of the communion, but could not swallow.

The night was passed in great restlessness, moving about in an agitated manner, but too weak to raise herself in bed.

8 A. M., Saturday, still conscious, and complained so much of the noise of vehicles in the street, that it was thought expedient to remove her carefully, on a mattrass, to an adjoining rear room. After this change, she had some repose, although not sleeping. For three hours she scarcely moved or spoke, and complained but little of pain.

## DR. CARNOCHAN'S CASE OF EXTRA-UTERINE PREGNANCY.




*A.* Fallopian Tube.
*B.* Fimbriated extremity of Tube.
*C.* Ovarium.
*D.* Broad Ligament.
*E.* Round Ligament.
*F.* Front view of Uterus laid open at the tenth week of Pregnancy.
*G.* Proper tissue of the Uterus enlarged.
*H.* Decidua, lining the Uterus, laid open.
*I.* Os externum.
*J.* Os internum.

*K.* Cavity of Cervix laid open.
*L.* Vagina laid open.
*M.* Fallopian Tube dilated, forming the sac for the Ovum.
*N.* Point of laceration in the Tubal sac, or Ovo-cyst, from which the hemorrhage occurred.
*O.* Uterine junction of Fallopian Tube.
*P. P.* Incipient Uterine Tumors.

At 12, M., she asked for Scotch ale, and drank nearly a tumblerful, this apparently revived her, and stopped the nausea, and, for the first time she expressed hope of recovery.

About half an hour after, she asked for more ale, and threw it up immediately. She then commenced to wander in her mind, talking disconnectedly, but complaining of no pain or nausea.

The pulse had now become very frequent and feeble. Her face, and the surface of the body appearing quite exsanguinated, pale, and clammy.

From this time forward, she gradually sank, and died tranquilly and without a struggle, at quarter to five, P. M., making an interval of forty-five hours and three quarters, between the ushering in of the ostensible symptoms, and the final termination.

*Post Mortem*—eighteen hours after death. The surface of the body was pale, presenting the appearance of complete exsanguination. The abdominal region was slightly tumid. and dull upon percussion.

Upon opening the abdomen, the cavity of the peritoneum was found filled with about two quarts of coagulated blood and colored serum. The coagulum filled the pelvis, and crowded forward the viscera from the iliac and lumbar regions, and extended as high upward as the liver, spleen, stomach, and diaphragm.

The clot and serum were carefully removed, and the uterus, considerably enlarged, was seen occupying a normal position with the broad ligaments, ovaria, and fimbriated extremities of the Fallopian tubes free from adhesion, and resting naturally in the pelvis. On raising the broad ligament of the right side, the Fallopian tube was seen to be generally enlarged.

Within two lines of the entrance of the tube into the right upper angle of the womb, the tube presented a spherical enlargement, about the size of an English walnut. This dilated part had become converted into a sac or cyst, which contained an ovum of about ten weeks' development, affording an example of the tubal variety of extra-uterine pregnancy.

On the upper and posterior part of the sac a rent existed of about half an inch in length, through which a portion of the chorion projected, surrounded by an irregular clot, and from which the fatal hæmorrhage had flowed.

Upon laying the ovo-sac open, the embryon enclosed in its membranes was discovered, the external surface of the chorion being attached to the inner surface of the sac.

The ovaria on both sides were natural, and presented the marks supposed to be indicative of the escape of ova at the catamenial period.

The tube was much contracted at the place of entrance into the uterus.

The uterus was nearly as large as in a normal pregnancy of the same duration. Upon its external surface were found, at different points, three incipient fibroid growths.

The uterine wall was thick, and the cavity of the uterus lined with a decidua a third of an inch thick.

The cavity of the cervix was filled with a sanguinolent mucus, and the vagina contained also fluid of the same character and appearance.

(Vide Plate.)

*Operative Procedure.* In extra-uterine pregnancy, the ovum is misplaced so as to constitute primarily four distinct varieties, the ovarian, the ovario-tubal, the tubal, and the tubo-uterine. In each of these varieties, the ovum with its membranes is contained in a cyst or sac, constituted, in the first variety, by the investment of the ovarium; in the second, by the fimbriated extremity of the Fallopian tube and the surface of the ovarium, with the intervening adhesions; in the third, by the wall of the Fallopian tube; and in the fourth, by that portion of the Fallopian tube which runs into the superior horn of the uterus, and which, in some instances, is apparently a mere prolongation of the cavity of that organ.

The knowledge of the situation of the abnormally placed product of conception will enable the operator to search directly for the seat of hemorrhage.

As the pathological composition of the entire growth in each variety of misplaced conception is much alike, being made up of a sac which contains the ovum and its membranes, it may be inferred that the general principle of operation should be based upon similar indications.

The first step in the operation should be an incision of the abdominal wall, made through the *linea alba*, large enough to admit the hand, and to inspect the seat of the hemorrhage. This being accomplished, the next step should be to empty the sac of its contents, as is indicated in profuse bleeding from the uterus during abortion. An incision should be made freely through the side of the sac, and the contents separated from the inner wall, and completely turned out. The bleeding once arrested, the sac can be left as it is, or the edges of the incision may be brought together by one or more points of fine suture.

If this manœuvre do not succeed in stopping

the hemorrhage, the cyst and ovum must be regarded as a tumor, and removed accordingly, the divided and bleeding vessels being tied separately, or secured by ligature *en masse*, as may be required.

In the tubal variety, as can be seen by reference to the plate, nothing can be more easy than to insulate the ovo-cyst by a ligature applied between it and the horn of the uterus, and then to exsect the bleeding ovum with its sac, and the remaining portion of the Fallopian tube. (Vide Plate.)

In the tubo-uterine variety, a diluted solution of the perchloride of iron might be of use as a styptic, applied upon the inner wall of the cyst, after the contents have been removed; this application or some other styptic might also be available in the treatment of the other varieties.

*New York, June*, 1867.

## THE CAUSE OF CHOLERA.

*A Paper read before the "College of Physicians and Surgeons," Louisville, Ky., Dec.* 17, 1866.

BY W. TALBOT OWEN, M.D.,

of Louisville.

MR. PRESIDENT: Having been selected by the "College" to prepare a paper for this evening, I have determined to offer a few remarks upon a subject of great interest—the Cause of Cholera.

Some consider the malarial origin of this disease as so completely established that no more proof is needed. There are others who are equally certain that the proof is incomplete; and others who think the proof of the cause can never be made. I claim to belong to the second class, and shall try to state briefly and clearly some of my reasons for so thinking.

I shall expect to refer more particularly to the great work of the British Government, placed before the public in 1852, called "the 2d Report on Quarantine and Yellow Fever, with Appendices." Before I proceed further let me state that this work, although nominally on quarantine and yellow fever, embraces a whole world of investigation, literally and figuratively; for every portion of the globe has been explored, and this is the result of the investigation. The subject of cholera receives a large share of attention in the body of the work, and in the valuable appendices.

The great broad fact which I wish to establish is this, that in the production of cholera there is an influence called epidemic; that this influence or agency is a *sine qua non*, that it is distinct from those invariable attendants, solar heat, moisture, and vegetable decomposition, for convenience termed malaria. The objection to the doctrine held by distinguished medical men, that malaria is the sole cause of cholera, is the fact that long series of years elapse between its visitations.

I give the objection, and, with your kind forbearance, will present the facts and arguments by which it seems to me to be established.

I apprehend that a citation from the report of this Commission of the British Government upon this very point when they attempt to answer this very objection, may be fairly considered as the best answer possible. This report says: "If it be asked why local causes produce this disease," etc. "only at intervals of many years, I would ask in turn why the cholera which raged in Ceylon in 1817 had not appeared there for 48 years previously? I would ask why in 1812 ague appeared for the first time in certain high situations in Portugal? It might be asked why there was an interregnum from the appearance of the yellow fever at Martinique from 1807 to 1816, as stated by Dr. DANISTE, who practiced in the island for thirty years, and who tells us that the old inhabitants speak of intervals of 25 years between the prevalence of these epidemics. A long interregnum is well known to have occurred at Antigua, St. Vincents, Sta Lucia, Philadelphia, and Charleston. I would ask why the very remarkable disease which appeared a few years ago in Paris, to which the name of acrodynia was given by the Faculty, had not before appeared?" This reply boldly consorts all the fevers from the simple intermittent up to yellow fever, with cholera. This may be fairly considered as the very strongest reply that can be made to the objection stated above.

We will proceed to analyze it, and do so with all candor. First, it is not an answer to the question and objection, why do not these various diseases come annually, or why does cholera come only at long intervals of years, but is a bare reference to the others, all in the same category as to cause, and is only increasing the difficulty. Second, it is stating that cholera is dependent upon this one cause, because the others are so, and these others are all classed in the same group, dependent upon the same cause, of identical etiology; and third, it is begging the question, and more than this, a confession of inability to answer the question.

I hope then that this objection to the doctrine that cholera is solely dependent upon the conjuncture of elements producing the periodic fevers, as its cause, will be considered valid. I hope to bring facts and arguments in proof of

the affirmation that it is certainly dependent upon some other cause—force or forces—or conjuncture, yet always accompanying the conjuncture of three, believed by many to be the sole cause. I do not call this an epidemic in the conventional sense of the term, much less do I wish to enter into a discussion of what constitutes an epidemic, but merely to show that there is an influence apart from the conjuncture among the people—coming at long intervals of years; of en, and I might say its advent infallibly anticipated by the continents, and which can not be explained by the ordinary known forces of disease in operation from year to year.

I wish distinctly to state that I endorse to their full extent the doctrine of the conjuncture of the three elements of solar heat, moisture, and vegetable decomposition, in all their length, breadth, height and depth; that it is a sheer impossibility that this disease can occur without the conjuncture—that this conjuncture is a *sine qua non;* but as distinctly to affirm that there is another agency or other agencies at play during an epidemic prevalence of cholera; that it is impossible for cholera to prevail epidemically without this agency or these agencies—that it is as much a *sine qua non* as the conjuncture. To direct our minds into the study of this agency should be our great delight, and as we have already advanced through the almost insuperable difficulties which environed it in part thus far, I would hope that the completion of the investigation, to a full demonstration is near at hand, and that the very honorable "Fellow" who perhaps made the highest flights into this firmament of medical science, may be the one to whom this great honor may be awarded, is my earnest hope. To recur then to the work from which I took my start: This commission appointed by the British Government took under their survey the entire globe, addressed questions to their physicians and surgeons upon the great leading questions involved in a discussion of the cause—remote and proximate—predisposing and exciting—endemic or epidemic: there is particularly a thorough and complete exhaustion of the question concerning the classification of the fevers, cholera and plague, as to their restriction within certain zones and isothermal lines, etc., embracing all that is claimed by the most learned upon that vastly interesting topic, and in their reports they recognize most distinctly the conjuncture of heat, moisture, and vegetable decomposition as the continual presence in all these diseases. We have then the very essence of the science of this question from the highest medical jury of criticism in the world. It will be a pleasure to the "College," a pride of the City, and the States of Kentucky and Tennessee, and to the great valley of the Mississippi, to know that in this report honorable mention is made of two of her most worthy sons, namely, L. P. Yandell, late Professor of Chemistry in the University of Louisville, and Prof. T. A. Bell, upon whose statements there is evidently more stress laid as respects this point in cholera than upon any in that great array of talent, comprising the elite of the British service. This is an honor, gentlemen, that should swell the heart of every Tennessean and Kentuckian with pride. The latter gentleman named is mentioned as having made a remarkable prognostication, which was verified—that cholera would appear at a certain time. The report gives to this point, if I read correctly, the greatest prominence in the line toward a demonstration of the sole agency of the conjuncture as the cause of cholera. Now while I take this fact in all its amplitude, with its high endorsement, justice will not permit me to ignore the verdict rendered by so high an authority. The report does not call it a demonstration. It is given apparently with the feeling that any addition would detract from its grandeur. They report thus: "Dr. Bell predicted that no indigenous case of cholera could occur before May or June, *which prediction was fully verified.*" "The whole burden of Dr. Bell's testimony on this point is so clear and conclusive as to leave no room for doubt." I then cannot in justice ignore the decision of this high authority. They give the very highest consideration to the facts detailed—these facts based upon the disease in our midst, in the visitation of cholera in 1847, and based upon the Baltimore Alms House attack, which attacks are supposed to be demonstrations of the sole agency of the conjuncture in the production of cholera; and in their conclusion they say: "In all these circumstances the *adjuncts* in the production of cholera are found to maintain a striking resemblance to those which produce malarial disease;" and again, "I do not assert that the cause of autumnal fever and cholera are the same, but I do aver that the whole history of the epidemic, as it prevailed in the United States, proves that it cannot exist in the absence of those conjoined elements known to produce fever." This most favorable of all the decisions given to this view of the cause of cholera, stops short of calling it a demonstration. The term is *adjunct.* It is not the sole agency, only an adjunct—there is some other agency. Were I called upon to place the proof given by the friends of this view in its proper place in the line toward a demon-

stration, it should be midway between that of the proof given in the work of the British Government as to the demonstration of the purely endemic origin of yellow fever, and that place they ascribe to the proof of the endemic origin of cholera. And it is significant that they state that the proof in regard to the first disease does not attain to a demonstration, yet that proof is far nearer a demonstration, than this of cholera can possibly be. For the proof given by that commission, upon that subject, is so near a demonstration, as to cause the abolition of quarantine in the vast dominion of Great Britain, and in all the world except the United States.

I take my next point in the line of argument from the answers made by Surgeon BROWNE to the queries addressed to him; and I do so not only because the British Government have in their interrogatories to him implied a very high estimate of his ability to answer them, but because the questions themselves embrace all that is claimed by the school of medical philosophers advocating the conjuncture of the three elements as the sole cause of the intermittent, remittent, bilious remittent, yellow fever, and plague and cholera. In his answers he most unequivocally states his conclusions upon the point, admitting that all of them are dependent upon the conjuncture except plague. In answer to the question regarding the long intervals between its visitations, he asserts that sporadic cases appear every year, and in his reasoning upon this point falls back entirely upon the defense, that it is owing to a weaker infection, that the foci of the disease are not so strong, and the power more diffused; and he is undoubtedly correct.

Is it asserted that we have cholera in sporadic form every year? I call for the proof. Search the mortuary records for the years intervening between one cholera epidemic and another, and they are almost entirely free of any report of the disease.

We have in round numbers since 1847, the time of the last visitation of cholera to the United States, till the present time, an average population of 25,000,000 souls. In fifteen years this population has not suffered from an attack of this disease—you may safely say it has had a complete immunity.

It is but fair to multiply this twenty-five million by fifteen to get the number to whom this test should be applied. I have the highest authority for this mode of procedure, namely Dr. A. BROWNE, of London, whose researches in the West India diseases are laid before the British commission, and who took the grand aggregate of twenty years to draw facts from. We have then, three hundred and seventy-five millions of persons in the midst of the elements of disease, which elements of disease, confessedly, are producing all forms of intermittent, remittent, and yellow fever, every year in some portion of this vast area, without a single case of cholera. Is it possible to resist the conclusion that there is something else, call it epidemic influence or prevalence, undetected, unknown, universal, which comes only with these terrible visitations? And I would most respectfully suggest to the able professor of surgery in the University of Louisville, that while I do not endorse the views of the great CALDWELL upon the subject as enunciated by SYDENHAM, in all candor, I cannot endorse his expression—"He never was able to relieve himself from that conjectural idea of SYDENHAM, that certain diseases were caused by an epidemic constitution of the air."

Were we, Mr. President, to stop here and admit that the explanation of the cause was complete, that the matter was thoroughly accounted for by what is now known and recognized as adjuncts, it would be attended with injury, it would be fruitful of bad results, it would slacken investigation, stop experiment, medical critics would fall into carelessness; while on the contrary, if it is not recognized, yet you stimulate to new energy, and keep open a field not yet fully explored. Now I do wish to be considered as an unwavering opponent of those views only so long as they remain undemonstrated.

Dr. J. LAWRENCE SMITH stated to the "college," that the cholera, in the two visitations it made to Constantinople in 1847 and 1865, attacked Stamboul, or Constantinople proper, with most terrible mortality in 1847, and the Bosphorus, or that part of the city on the Bosphorus, in 1865, with equal malignity.

Stamboul is all the densely packed and crowded portion of the city; the streets are mere alleys, crooked, dirty, and abounding in filth, and perhaps of all places on the habitable globe containing more foci for disease, the seat of plague devastation. The city on the Bosphorus is high, dry, and salubrious ordinarily, and is inhabited by the wealthy and retired citizens, whose sanitary condition is not surpassed by any place in the same isothermal line on the globe. In 1847, this fine city on the Bosphorus, was exempt from cholera, while the city proper, was devastated by the disease. In 1865, the fine city on the Bosphorus was devastated, while the city proper was comparatively exempt. Let it be understood that these two cities are not district corporations, but

all Constantinople; that they are contiguous, and each as much part of the city proper as the east and west ends of a city are parts of the same city. In 1852, the population was 520,000. Now as there is no effect without a cause, I asked what was the cause of this immunity in the densely packed Stamboul, reeking with all the elements of this disease, while the clean, high, and dry portion was decimated? And it must be remembered that each of these two portions is in itself an immense city. If it be said that the direction of the wind may give a solution, I answer, this is merely conjectural; but why this comparative exemption in the filthy Stamboul? for no one can for a moment doubt that in that portion of the city where the plague riots, all the elements of disease, ordinarily were in full force, and yet it was comparatively exempt, there being a few sporadic cases. We are unavoidably forced to the conclusion, that there is an unknown agent at work, which operates upon a large scale, and of necessity is not epidemic, thus to take a quarter of a million under its wing, and leave another quarter million adjacent, intact.

But, Mr. President, it would be well for us to pause awhile in the pursuit of the argument, and come to a rational definition of the terms epidemic and sporadic. The best definition of epidemic that I have seen is from Dr. J. C. Simonds, namely, "The number of deaths for the preceding five years being known, the average for each month, week, and day could be calculated, and whenever the mortality from one disease equalled the average for the same period, the disease might be considered epidemic, and the period during which it possessed this character should be noted in the reports." Of the latter term, we get a definition from Dr. Fenner, of New Orleans. The committee of Board of Health stated that during the year 1850, cholera has at no time been epidemic, nor has it at any moment been entirely absent. Dr. Fenner says, "On this point I must be allowed respectfully to differ with the committee of the board. The term epidemic is, in this city, restricted almost entirely to the extraordinary prevalence of some particular disease, and the *converse* term is *sporadic*. Now, if I show from the records of the board, that in the month of March the mortality from cholera equalled that from all others combined, and that in November it caused nearly one half the deaths, it certainly would afford good ground for asserting that cholera was *epidemic* at least twice during the year."

Dr. James Wynne, the author of the able report on cholera to the British Government, whose report is embodied or rather given in an abstract in the publication spoken of in the beginning of this paper, makes this strong argument: "It (cholera) cannot exist in the absence of those conjoined elements known to prduce fever, and no facts more fully substantiate this position than those connected with its prevalence at the Baltimore Alms House, and its *absence in the city as an epidemic.*" I make this application of the pith of his remarks. It is a strong presentation of the case in virtue of its absence from the city while so terrible at the Alms House—how much greater than the force of the view when taken of Constantinople—devastating a healthy portion of the city, and the contiguous filthy plague stricken portion, free.

I am free to say that with my admissions of the great potency of the illustrations brought forth by the advocates of the malarial cause solely, as in the Baltimore Alms House, and the still stronger case in Louisville, that I place myself in a dilemma, from which, at first sight, there may appear to be no escape, but from which I hope to disengage myself shortly. All matters of difficult solution, in the absence of well-attested facts, from which deductions may be made to a demonstration, are thrown under the only other system known to me, and may be termed a system of probability; a system of circumstantial evidence. We here have the two cases of the attack in Louisville, or the Baltimore Almshouse, and the attack in Constantinople, each case approximating a demonstration. Let us test them by this system.

Can you explain the attack in this city in 1850, as well with the supposition that it was malaria alone, as with the supposition that there was an epidemic prevalence? You cannot. Can you explain the attack as satisfactorily without the recognition of an epidemic prevalence as with it? I think not. Can you only account for it by ascribing it to malaria alone, and without that accounting for it, that there is no explanation? It is perfectly absurd to say so. Now take the Constantinople attack of 1865, assuming that in this case that there was an epidemic prevalence at work. Can this devastation of the city on the Bosphorus, and immunity of the city proper, be as satisfactorily accounted for by the assumption that malaria was the cause, as by the assumption that there was another agency at work? I think it cannot. Can this attack be better accounted for by the assumption of another agent or an epidemic prevalence than the malaria alone? I think it can. Does this assumption of another agency account for the immunity in one

and the devastation in the other, and is it impossible to account for it otherwise? I think it is the only way to account for it.

The General Board of Health of England make this remarkable statement: "Influenza in 1847, was found to be four times more prevalent in some parts of London than in others; and in the country, while in some districts almost the entire population were affected, in others not a single individual suffered. The local conditions on which this extraordinary susceptibility to the disease, or comparative immunity from it, depended, are in a great measure known, and are found to be within our control." Now, Mr. President, of all the diseases known, if none other is recognized as an epidemic, influenza is acknowledged to be such. I wish to apply these admissions to the Constantinople attack. If in that epidemic of influenza, showing all the intensity of its virulence in certain quarters, there is unfailing proof of its partial subjection to sanitary means, mitigating its force, and thereby proving its dependence upon local causes to a great extent, how much more forcibly the argument must come to us when we see a terrible disease ravaging a healthy portion of the city, and leaving the filthy portion unattacked or comparatively free. Is it not almost a demonstration that there is an agent similar to the one in influenza? I mean similar as to its universality—similar as to its non-endemic character purely?

I have endeavored to be practical in my remarks, but it may be alleged that I am not sufficiently so. I will endeavor to be still more practical.

You are called up before a court of civil judicature, in which there are questions involved of interest to yourself, in common with your neighbors and fellow citizens, and as forensic medicine is one of the high departments of our noble profession, I venture to assert that no member but will bear testimony to the fact that it is that department which has been perhaps most neglected. You are placed before a jury of your peers, who are often more proficient than yourself in the arts of the attorney, who plies you with questions of peculiar *ad captandum* force and appositeness, and if I mistake not, some such question is now in embryo in our midst. You are asked: Is cholera an epidemic disease? You answer, no. Is it endemic? Strictly so. Am I to understand you as affirming that cholera is produced entirely by local causes, and that those causes can be accurately defined and located when you term it endemic? Yes. What is the reason, then, that we have no cholera during a space of several years? This is common to several other diseases, classed as epidemic, of which yellow fever is perhaps the most prominent. Did not Dr. BONE assert that he could without doubt, nay, had produced yellow fever by placing the proper material in his hand, and this irrespective of years, he only selecting the locality; and is not this testimony given to the British Government and endorsed by the learned commission of that government? Yes. Well, sir, you have in these places of its visitation, year by year, all favorable endemic causes, and you claim to know these causes, and yet there is another agency, coming every fifteen to seventeen years, causing this new form of disease, and you class it with the purely local causes, that it is strictly endemic, too. I hope, as a lover of science, as a philanthropist, without any claim to medical lore, that your profession will soon discover this agency at work, and with due diligence rob the air of this pestilential agent. Could you at any time during the interval of the epidemic prevalence of cholera, permitting you to select everything conspiring to the production of the disease, the proper material given you to work upon, persons weak and emaciated from indigence and crime, even from the prisons, and hospitals, and almshouses, the denizens of the alleys and lanes of our large cities, provoke an attack of cholera? Ans. I could not. Is there not every year in all this wide area where intermittent and remittent, and bilious remittent and yellow fever prevail to some extent, annually scores and hundreds of thousands of infected spots devastated during cholera prevalence, where all the recognized elements are in great profusion, and which was proposed, in my last question, to be placed under your control, where not one case of cholera has occurred in these intervals of fifteen to seventeen years? There are. Then is it possible to deny the fact of the presence of some widespread agent that is not endemic solely? The reply to this each one will make for himself.

I have one more argument to place before the "College," and with this I conclude. Dr. A. BROWNE, in one of the most perfect papers on the subject perhaps ever given to the world, which is Appendix iii. in the report made by the British Commission, gives voluminous and complete statistical tables, proving the identity of the malarial cause in all the fevers running from the simple intermittent up to the yellow fever and vomito. I refer to his tables to institute an investigation with respect to the comparative exemption or immunity of the white as contrasted with the black race.

First, I shall give some quotations from Doctor Browne, respecting the negro. "In Jamaica, the mortality among the black troops was less than 1 in 1000." "At the Gambia, during the whole of this dreadful mortality, a detachment of from forty to fifty black soldiers of the 2d West India regiment lost only one man, and had seldom any in hospital." Again: "The comparative exemption of the negro race from the fatal fevers of Sierra Leone is demonstrated by the table at page 16." Again. "We infer that they both (black and white) suffer from the same local causes." Dr. Browne reasons most forcibly as to the identity of cause of intermittent, remittent, and yellow fever, and has convinced me thoroughly as to the latter disease, and no doubter can give the work a careful perusal without having some of his doubts removed.

In the West Indies, the rate of mortality on the average of twenty years, ran from 15.3 to 150.7 in the thousand. In a total of 46,922 admissions to hospitals from all diseases, from these diseases (intermittent, remittent, bilious remittent, and yellow fever) the deaths were 1 in 9. There was no cholera in this aggregate. I have not been able to collect as much material on the other branch of this subject as I desire, but sufficient, I think, to bring out in bold relief the point to which I wish to direct the attention of the "College."

I am indebted to my friend, Dr. T. S. Bell, for the tables which I give, gleaning them from a large mass of miscellaneous matters. I take the attacks of cholera among the blacks of the South, and have only two districts outside of New Orleans to collate from. In the Lafourche country, we have, on

| | | | | | | |
|---|---|---|---|---|---|---|
| Bishop Polk's plantation, | | 356 | negroes and | | 273 | attacks. |
| Hymel's | " | 50 | " | " | 45 | " |
| Teto | " | 55 | " | " | 18 | " |
| Osborn's | " | 41 | " | " | 38 | " |
| Billou | " | 46 | " | " | 10 | " |
| Donaldson's | " | 190 | " | " | 190 | " |
| Bibb's | " | 330 | " | " | 300 | " |
| Williams' | " | 75 | " | " | 20 | " |
| Mad. Thibodaux | " | 100 | " | " | 100 | " |
| Smith's | " | 70 | " | " | 50 | " |
| M. Thibodaux | " | 75 | " | " | 75 | " |

In Natchez district, on

| | | | | | | |
|---|---|---|---|---|---|---|
| Bingamon's plantation, | | 239 | negroes and | | 29 | attacks. |
| Riffle Point | " | 150 | " | " | 62 | " |
| McGill's | " | 100 | " | " | 20 | " |

On C. D. Hamilton's "Bald Hill" place, there were 150 negroes and 48 deaths. (This is from my own notes.) I have not the number of attacks, but from the average would place it at 75 or 80. So also at Dohan's, there were 75 negroes and 20 deaths, probably 40 attacks. The city of New Orleans reports in 1850, 272 deaths, which was 19 per cent of the attacks, thus making 1450 attacks from cholera.

I have in this collected 2850 cases of seizure of cholera out of a population of 3822 negroes. This is the best I have been able to do; but it is sufficient to show that the negro was by no means exempt, but on the contrary, the best of food for the destroyer. Dr. Fenner addressed this question to Mr. Affleck, one of the finest statisticians in the country, "Are the whites and blacks equally liable to the customary prevailing diseases?" Ans. "I think them equally liable, under the same circumstances of food, exposure, etc." Dr. Fenner states that "The sudden outbreak of cholera upon certain plantations was altogether unaccountable and attended with terrific fatality." With these meagre reports, we are thoroughly satisfied that the negro did not enjoy that immunity from cholera that he does from intermittent, remittent, and yellow fever, nay more, he was more obnoxious to an attack than the whites. Now if we find so great an immunity among the negroes from those diseases which are confessedly dependent upon malaria for their production, we expect the same immunity from any other disease dependent upon the same cause of malaria. This immunity not being found, we conclude that the active agent is different, and this is stopping at the very first and plainest deduction to be drawn from the fact. But more than this, I am informed by my friend, Dr. Bell, that during the last epidemic prevalence of cholera in this country, the negroes in Canada were destroyed, while the whites were comparatively exempt. This will complete the demonstration.

I recognize the sole agency of malaria as an explanation of the cause of all the fevers termed malarial, from the simple quotidian intermittent up to the highest form of fever, as found in the vomito or intense form of yellow fever. I recognize and accept it in all its amplitude; in its latitudinal, longitudinal, and altitudinal limitations, its strict conformity to isotheral and isothermal lines, in its height and depth, its length and breadth, its immense scope and profound majesty of accumulated science and art. With this, I look upon the proof as a complete explanation of the autumnal fevers, as the grandest and most exhaustive argument in all medical science, that not one jot or tittle of evidence could make it more complete, yet malaria by itself does not explain the cause of cholera. We must have more of that true patient investigation of the phenomena of disease, or still further research into the arcana of these terrible devastations, and doubtless the cause will be discovered. Although we do not indorse the idea of the old

writers in their views of an epidemic, yet we have not eliminated the crude notions which we assert they held, sufficiently to satisfy us that they were in total error upon this point.

If it should be said that it is unfair to present the case of my opponents in this controversy in the attitude of defenders of the theory of malaria as the sole cause of cholera, then I have read their productions to no purpose.

If the reply to the first objection which I gave in the beginning of my paper, is not an implied assertion to this effect, what can it mean? It says, why did not ague attack for forty years a certain place in Portugal, the disease which all admit to be the primordial product of this sole cause. Why does Surgeon BROWNE distinctly state that malaria was always to be known as the cause of all the fevers, from intermittent up to yellow fever, at Gibraltar? Why does Dr. BROWNE argue the point toward a demonstration with so great energy? Why does Dr. GILKREST exhaust the subject of inquiry in all its relations to these fevers, summing up with the conclusion that all of them are purely local? And why does Dr. JAS. WYNNE, the ablest of all the compilers, and who took specially for his labor the investigation of cholera, speak of this cause as being nearly demonstrated. No, sir, it is not unfair. The issue is not as boldly made as I should like, yet it is sufficiently clear to know that if the proof were more nearly as demonstrative, it would be boldly made. Dr. WYNNE says, "If the question were propounded to me: After the collection of all these facts, can you tell what is the nature of the cause that produces cholera? I should unhesitatingly reply that I could not. But I should give the same answer if I were interrogated concerning the nature of autumnal fever." I hope, then, that no one will consider me obnoxious to the charge of mis-stating the position of my opponents. I am free to confess, Mr. President, that it is a question of many knotty points, and I do not claim to have made that demonstration, that clear exposition of the additional agency as an epidemic influence that I would desire, and which is required by the thorough critic; but I do claim to have established the proposition that I started out with, viz., that there is another cause at work in the production of cholera beside malaria, and that that cause is not, strictly speaking, endemic, but epidemic, while it is found restricted to certain latitudes, longitudes, and altitudes, by certain isotheral and isothermal lines, is yet too universal to be in any sense a literal or accommodated endemic—that it spreads over continents and devastates a world; that it takes in scores and hundreds of localities throughout a continent or two continents, and leaves them free till a cycle of fifteen or seventeen years has been made, and is consequently fairly and legitimately epidemic.

# Hospital Reports.

PENNSYLVANIA HOSPITAL,
*February 9th*, 1867.

## CLINIC OF J. M. DA COSTA, M. D.

Reported by Dr. Napheys.

### Series of Cases of Lead-Poisoning.

CASE 1st. Archibald T——, æt. —. Admitted January 11th, 1867. Born in Glasgow, of healthy parentage; a clerk originally; he began to work at glass staining in September, 1865, in this country. This trade necessitates the use of various preparations of lead. Red lead is much used, especially in the condition of light powder. In January, 1866, he was affected with pain in his bowels, accompanied by constipation. He stopped work for some time, thus removing himself from the poison, and recovered his usual health. In May and July he had two or three other attacks, compelling him to stop work. He took of his own accord ten grains of calomel with four of opium. This made him worse, which he attributed to the size of the dose of opium. He took also some purgative medicine.

The pain which he had at that time was situated at the lower portion of the abdomen, constant and weighty in character, not sharp and griping as is the case in lead or any other form of colic. His bowels were very much bound, not having a passage for ten days at a time, when the feeling of weight was worse. The probable explanation of the abdominal weight and uneasy feeling is the distension of the bowels from accumulated feces. It seems, however, that he really had an occasional colicky twinge.

He had another attack in October, which lasted until the next month, similar to the former, with great constipation and pain, which was pretty severe and almost constant.

In November, he noticed that he was losing control of his right hand. The left had been rendered useless by an accident sometime before. The trouble in the right hand showed itself principally in writing and other operations requiring nicety of touch and direction, and gradually increased until Christmas, though he was able to work with difficulty up to the first week in January, at which time he became suddenly worse and took to bed.

Thus this is a case of paralysis of the right arm, supervening on several attacks of obstinate constipation and occasional colicky pain, caused by lead. When admitted he complained of pain in the bowels and constipation. He was unable to raise his elbow to the level of his head, or indeed to that of his shoulder. He had numbness of the fingers, and the muscles of the back of

the arm with wrist drop. He could not pick up a pin, although sensation, which was tested by two points, but not by galvanism, was unaltered. The paralysis was then one of motion and not of sensation.

He was ordered opium and the fluid extract of rhubarb to relieve his bowels, and then placed on iodide of potassium, five grains, three times a day, to be increased. He has remained much in this condition, though a slight improvement has been manifest, which in the last ten days has been more decided.

A note taken on the 4th of February, states that the extensors of the right hand, including those of the thumb are still much impaired, as are also the flexors, though to a less degree. The deltoid is yet weak, but the biceps and triceps act well.

About the same condition is found to day. The wrist drop is no longer very decided, but he cannot extend his fingers back. He is regaining power of the extensors of the fingers and thumb, but they refuse yet to act vigorously. This is also true of the flexors; he can contract his fingers to some extent, but not with much power. His gums present a typical illustration of the so-called lead line, the blue or more strictly speaking the lilac line of lead-poisoning.

This line was discovered by Dr. Burton, and is among the most positive tests of the presence of lead in the system. It will be found as a rule better marked in men than in women; the reason being probably that women keep their gums and teeth in better condition than men. In truth the formation of this line is doubtless due to the sulphuretted hydrogen furnished by the decomposition of particles of food lodged around the teeth: of course, therefore, the cleaner the teeth and gums, the less marked the line. There is no other poisoning which gives it to this extent. In very rare cases of mercurial poisoning a similar appearance of the gum will be found; but there is this difference, it is not confined to the edge immediately around the teeth, it is a general discoloration of the gum. The so-called gingival line in consumption differs in color, being red. This blue, or lilac line, is not, however, constant; but no test is constant with reference to the presence of lead in the system.

Another test, often successful but not in this case, is the hydrosulphuret of ammonia which is to be painted on the skin to form the black sulphide of lead. This discoloration when it occurs may be looked upon as a very positive test, but it will frequently be found to fail.

The test of the muscles by the galvanic battery may in importance be placed in advance of the other two mentioned; it is certainly more available, and it may be said of more value than the hydrosulphuret of ammonia test. In cases of lead-palsy the galvanic irritability of the muscle is lost. In point of diagnosis there can, in suspected cases of the disorder, be no more valuable sign of lead-poisoning than lost galvanic irritability of the muscles, especially when limited. The same thing would happen in spinal disorders, as in softening of the spine, but it would then be very general on both sides, very rarely limited to the upper extremities, and be associated with other phenomena, which would set the case beyond doubt. When this lost galvanic irritability is found to co-exist with the blue line on the gum, the positive diagnosis may be made of lead-poisoning, and that the lead is the occasion of the palsy.

Of course in this case at the present time, electro-muscular irritability is not completely lost, as the man is recovering, but it would have been found entirely absent if he had been examined when the palsy was at its height, when the wrist drop was most marked. The magnetic current was localized then in the muscles of the forearm of the patient, when a barely perceptible contraction, even with a strong current, took place of the common extensor of the fingers, and only very slight contraction of the supinator longus could be brought about. The flexors acted moderately; under a very strong current the fingers were made to close. The pronator acted decidedly. Thus the examination showed that the electro-muscular contractility, though not entirely lost in the extensors, was still very much impaired, less so in the flexors, moderately in the supinator, and least of all in the pronator.

The patient is now taking thirty grains of iodide of potassium a day, and sulphate of strychnia, grain one-twentieth, with sulphate of iron, grains ij, in pill, three times a day.

Case 2d. McC., æt. 49; employed in lead establishments. He left off work the latter part of October, because of colic and constipation. The attack of colic lasted for fully a week, he suffering a great deal of pain all the time, apparently very much more than in the first case referred to. The loss of power in his hands and arms began with the attack of colic, but became much worse immediately after it. He was admitted December 20th with very general paralysis. He could not move either arms or legs, so that he was wholly unable to get out of bed. Wrist drop of both arms was very decided. He had at the same time difficulty of speech, showing itself in articulation, but the tongue was not drawn to one side. Distinctness of vision was also impaired.

At present it cannot be said that there is any distinct blue line around the gums, but they are so covered with tartar that it is impossible to come to any conclusion on that point. The hydro-sulphuret of ammonia was tried on the 29th of December, producing decided discoloration of a brownish-black color in the arm pits, showing, therefore, the presence of lead.

He is now taking the iodide of potassium, 30 grs., a day, and iodide of iron, 15 drops three times a day. He is improving. A little of the wrist drop is still manifest, particulary on the right side. He has regained almost entire power over the flexors, but only partially over the extensors of the forearm. He has recovered the use of the muscles of the lower extremities. Very confused, ill defined character of the heart-sounds, particularly of the first. Pulse 98, and full. Under the electrical current the extensors of the thumb act much better than those of the fingers, which latter act very feebly indeed. The flexors and supinator act tolerably well, the pronator very well. Thus the same general results as to elec-

tro-muscular contractility were obtained as in the preceding case.

Case 3d. This man has been in the house since November 3d. He has a blue line, especially around the lower gum. Wrist drop still present. He had paralysis involving both sides; more the right than the left, and not entirely limited to the upper extremities, though chiefly there found. He has had no colic since his admission, but he has had many attacks during the sixteen years he has been working in lead. He has suffered from loss of muscular power for nearly a year.

He has been very slowly improving under the use of ten grains of iodide of potassium, and fifteen drops of the syrup of the iodide of iron, three times a day. All the cases have improved, but this one least.

In considering these three cases of lead-poisoning, what does their history teach as to lead colic? Two stated that the pain commenced at the lower portion of the abdomen. One is very emphatic in his statements upon this point, and alleges that it is not at all uncommon among the workmen in lead to have pain developed there with slight pain on urination. These cases must not be taken, however, as representing more than the general rule. Sometimes the pain of lead colic will be found to make its appearance in the hepatic region, sometimes toward the umbilicus, but it may be said that it is usually first found at the lower portion of the abdomen. Inasmuch as a sufficient number of exceptions to this general law will be met with, it is well not to lay too much stress upon it for fear of being misled.

Another point deserving of attention in connection with these cases, is as to the origin of the disease. In one case, the lead got into the system probably by inhalation. The man's occupation was not such that it could fairly be presumed that the poison found its way through the skin. In the other cases, the men worked much in lead, their hands were constantly exposed to it, and thus it is likely a good deal was absorbed through the skin. With reference to this point, of the absorption of lead, too much care cannot be exercised in investigating all possible sources through which it may enter the system; and it may do so through some not suspected. For instance, it has been found that persons have been poisoned by taking snuff contained in leaden packages. Lead is introduced into the system in so many ways that the mere fact of the patient not having been apparently exposed to it, is not a sufficient reason for setting aside the possibility of the symptoms in any individual case being due to the presence of this metal.

In reviewing the symptoms presented by these three cases it will be noticed that all had not simply the colic preceding the marked development of palsy, but two, at least, had a decided line on the gums, so well expressed in one case as to be taken as a typical illustration. The value of this sign has been alluded to. Attention has also been called to the ordinary test by sulphuret of ammonia discoloring the skin, which neither of these cases in their late stage would exemplify. Too much stress, it may be repeated, as a means of diagnosis cannot be laid upon the signs derived from an examination of the muscles by electricity. In all these cases, on subjecting them to the galvanic current, there has been found in the muscles most affected, which summing up generally have been the extensors, scarcely any electro-muscular contractility. And this condition is perceived not only in the muscles of the forearm, but in those of any part of the body where the poison may show itself. This fact serves a very useful purpose in diagnosis; thus, when in a case of doubt, the muscles are found to respond to the electrical current, it may be considered as certain, no matter how complete or incomplete the palsy, that it is not due to the presence of lead.

These men were all workers on red lead, and they all expressed as the current belief, that those exposed to red lead were very much more apt to have lead colic and poisoning than those working in white lead. Whether this belief among the men is really founded on very strict facts, and would hold good in regard to a number of cases, I cannot say.

The treatment in the three cases before you is iodide of potassium, ten grains three times a day. Moreover, one of the patients is taking sulphate of strychnia and sulphate of iron. Iodide of potassium is given in cases of lead-poisoning, with the view of converting an insoluble salt of lead into a soluble salt, and then causing this to be excreted, particularly by means of the kidneys. In regard to its effect, we have positive chemical evidence. There have been cases reported by able chemists; one by Parks, in which the urine was tested for lead, and none found previous to the administration of iodide of potassium, and in which, after four or five doses of the remedy had been taken, lead was detected in the most positive manner, in the urinary secretions. This result has been so often repeated, that it may be looked upon as a fact that the iodide of potassium renders the salts of lead in the system soluble, takes them up again and excretes them, and this is the chief way in which it acts. When, of course, this is taking place the symptoms will be disappearing, and the patient improving in his general health. In this connection a practical fact is worth noticing, singular and confirmatory of the view just mentioned, viz., that after iodide of potassium has been given for a few days in large doses at the beginning of the treatment, the patients get worse, and lead colic is developed in a very aggravated form; in other words, suddenly making the salts of lead soluble, and throwing them into the blood in large amounts to be excreted, aggravating at first the disorder, is apt to develop symptoms of lead-poisoning. The practical lesson to be learned from this is to begin with small doses—two or three grains—and gradually increase them. Sulphur is supposed to have the same action as iodide of potassium, and in some respects it is undoubtedly similar. It will excrete, or cause to be excreted, the lead from the system, and yet it does not do so by any chemical union, but more likely by stimulating the secretions. It is, indeed, very doubtful whether sulphur baths in this affection act otherwise than by stimulating the skin. Strychnia in the treatment of the latter stages of lead-poisoning, comes in most admirably. Its action on the

nervous centres, its tonic influence on the nerves and muscles, renders it an invaluable drug in the treatment of lead-palsy. The same may be said with reference to iron, which is serviceable because nearly all cases present most obvious evidences of cachexia. It will often be found that, when the patient is taking those remedies, which act merely by dissolving and excreting the poison and is improving only slowly, he will immediately get better upon giving him strychnia and iron.

Galvanism, valuable in the diagnosis of lead-palsy, is also valuable in its treatment. A weak sustained current will keep up the nutrition of the disordered muscles, prevent their atrophy, and restore their power much sooner than if this agent be not employed.

There is another consideration suggested by one of the cases which has been presented, namely, how does the lead act as a poison? What parts of the system does it affect, and is it always local in its manifestations? The latter question is very soon answered by reference to the second case, in which there was impaired power of speech. There was in this instance some indication of the seventh pair of nerves being affected. There was also in one of the cases some disturbance in vision; in another, general palsy, more or less; in one, total loss of power in the extremities. In these cases there was not a local manifestation, but something to show that the nerve centres were implicated. But this is not the usual rule. The lead does not seem generally to affect the brain, or great nervous centres. The lead acts as a poison upon the nerves of particular portions of the body, and it is only secondarily, and in very aggravated cases, that it acts as a poison upon the nervous centres. An analogy to this, local action has been observed in physiological experiments. Expose a nerve of an animal, and apply chloroform to it, or soak it in a solution of opium, and it will be found that it will not transmit nervous influence. Thus it may be that lead acts on peripheral nerves, paralyzing them, or impairing their power of conveying nervous impressions. At all events, the palsy is generally limited, and is usually not to be explained by the intervention of the central nervous system.

# Editorial Department.

## Periscope.

### A New Form of Suture.

By Albert H. Hoy, M.D., of Racine, Wisconsin.

"While serving on the Medical Staff of the U. S. Army, during the late war, we repeatedly used a suture to which, not knowing of its being mentioned in any treatise on surgery, we desire to call the attention of the profession, trusting that they will find that it meets the indications of a good suture, viz:

"1st. Adaptation of the edges of the wound.

"2d. Producing little irritation.

"3d. Easily applied.

"We term it the *Rubber Suture*, and in using it, the following things are required:

"1st. A paper of ladies' sewing needles, the points of which, for one-third of their length, have been heated in a lamp and curved, like a surgeon's needle. No. 4 is the best size.

"2d. Some pure rubber elastic bands, cut into inch lengths. That having a width of one-tenth of an inch will be found most generally useful.

"3d. A pair of small pliers and wire-cutters.

"The suture is introduced in the following manner: One of the needles is taken firmly by the eye with the pliers, and a piece of the rubber band is strung on, near one of its ends: the needle, thus armed, is thrust through the edges of the wound, holding them together; the free end of the rubber band is then strung over the point of the needle, care being taken to give the band just sufficient tension to hold the lips of the wound snugly together; the points of the needles are then snipped off with the cutters, and the suture is complete.

"In place of the rubber bands, what is known as the French rubber tubing, for dental purposes, is in some cases preferable. Sections of this, of size in accordance with the tension required, may be looped over the ends of the needles after they are introduced, by means of the artery forceps.

"It may not be out of place to remark, that we have seen numerous instances of what might be properly termed union by the first intention, in cases where this suture was used, and these, too, in the most extensive wounds. The elasticity of the rubber tends constantly to keep the lips of the wound in direct apposition, even though the needles may be loosened by suppuration, and it is well known that steel or iron produces a very trifling amount of irritation. The rubber, also, is not affected by the heat or secretions of the part.

"We were led, just now, to call attention to this suture, from the fact that a few days ago we assisted Dr. P. R. Hoy, of this city, in removing nearly the entire under lip of a gentleman, for an epithelial cancer, and succeeded, after loosening the integuments from the lower jaw, in bringing the lips of the wound together, and retaining them perfectly successfully until union took place, by means of this rubber suture. We desire to recommend it strongly in hare-lip and other plastic operations, where a speedy union of cut surfaces is of the greatest importance."—(*Chicago Med. Journ.*)

### Opium in Therapeutics.

The practice of physicians in America and in Great Britain, if not elsewhere, has changed very much in regard to the use of opium in fevers and some other forms of disease, within the last twenty or thirty years. Some remarks of Dr. Allbutt on this subject in *Ranking's Abstract*, referring to the use of this remedy in the Leeds (Eng.) Fever Hospital, so entirely accord with the results of our own experience, that we take the liberty of commending them to such of our readers as may still entertain something of the old prejudice: "One year ago," says Dr. Allbutt, "I looked upon opium in fever with much suspicion, granting its occasional value alone, and greatly restricting its use. Gradually my fear of the restlessness overpowered my fear of the

opium, and I have now ceased to regard the latter with any great apprehension. Continually I have witnessed the terrible havoc which a night's tossing makes in a little reserve of strength. Two such nights reduce it to a most precarious level, and few patients outlive three. On the other hand, though I and my assistants have been for six months giving morphia at all stages of the fever to combat sleeplessness, I have never yet seen mischief result. I have never seen the power of taking food suspended by it, or the oppression increased. On the contrary, I have continually seen with pleasure, how, on the morning after opium has brought sleep, even during the first few days of the disease, the tongue has become moister, the headache less, and the countenance more open. The sleep of an opiate is better than no sleep. Camphor is also a great favorite of ours. We find, on the whole, that no medicine equals it in the low delirium often connected with feeble heart. We combine it with opium in low delirium accompanied with sleeplessness. Perhaps, however, the most striking in its immediate effects, of all the medicines which we have used, is that which we familiarly call *Graves' Medicine.* The combination of antimony and opium in the wild delirium of fever is advised by GRAVES in a well-known passage of the *Clinical Medicine*, and a marvellous one it is. Half a grain of morphia, with one-third or half a grain of tartar emetic, with repetition of half the dose if necessary, will bring quietness and sleep to a patient who, an hour or two before was a raging maniac." We do not exactly agree with Dr. A. that the power of taking food is never suspended by the remedy. But this is a small matter. The distinction between the grades of delirium is important, the combination with camphor being adapted to the low form, and the antimony to the wild and sthenic form.—*Pacific Med. and Surg. Journal.*

# Reviews and Book Notices.

Lectures on Natural Theology; or Nature and the Bible. Delivered before the Lowell Institute, Boston, by P. A. CHADBOURNE, A.M., M.D., Professor of Natural Philosophy in Williams College, Author of Lectures on the "Relations of Natural History," etc. New York: Published by G. P. PUTNAM & SON, 661 Broadway. 1867.

We have occasionally heard it charged against the members of the medical profession, that they are especially prone to atheism, and that they employ their knowledge of the structure of the human frame as evidence of that doctrine. There have in former ages probably existed some individuals who have entertained such views, and by their general reputation have produced the impression upon the public mind that such was the general opinion of the profession. But we have no hesitation in declaring such an assertion to be a gross slander against the profession in general; we may, in fact, say almost universal. We believe there is no other profession whose members more uniformly accede to the doctrine of the existence of a *Great First Cause*, and in no one branch of science are there more abundant and complete evidences thereof than that of anatomy and physiology.

The volume before us is a very felicitous expository of this important subject, and most effectually demonstrates its truths in a manner appreciable by the lay, as well as the professional reader. The exact opinion of the author upon the main theological point is derivable from the following questions and answer, extracted from pages 20 and 22: "Am I a creature of chance? Am I like the brutes, except in degree? Am I the highest intelligence in the universe, or is this whole world the work of an intelligent personal Being, and does its Creator rule and govern it, so that I am now accountable to Him, and ever to remain so? In other words: Am I a mortal being, with power to close my existence at any moment, accountable while I live only to my fellow-men; or am I immortal, and is my destiny in the hands of a Higher Power? It is necessary for the peace and true dignity of man that these questions should be settled."

"Our theory then is, that man and all creatures in the universe are the work of a Personal Being. That Personal Being we wish to search for, to learn His character and our relations to Him."

In view of the potent influence devolving upon medical practitioners in their familiar and confidential relations with the families and individuals dependent upon them for health and life, we regard it as of importance that they should be well prepared to give counsel and instruction upon other matters, pertaining to the happiness and advancement of their patients. For this purpose we believe our readers would be pleased with the volume before us, its three hundred and and twenty pages containing copious illustrations and discussions of the valuable topics embraced in its title, derived from both animal and vegetable physiology, and their relations to the world at large. G.

### Sugar in Muscle.

Dr. RANKE, of Munich, has by recent experiments confirmed the discovery made by MEISSNER, that a true, fermentable sugar exists in the muscle, which is increased by muscular action (tetanisation caused by strychnine or electricity,) and further that the liver has no effect in causing this increase, for the sugar is proved to arise in the muscle itself, and not from muscular substance.

Medical and Surgical Reporter.

PHILADELPHIA, JULY 20, 1867.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

## THE PARIS EXPOSITION.

The Medical Sciences have been tolerably represented at the Paris Exposition, though they were not so prominent in the American department as they should have been, to give a fair idea of the position of our country. Dr. F. W. Evans, of Paris, formerly of Philadelphia, received one of the grand prizes—of which there were only sixty, and which were presented by the Emperor in person to the fortunate recipitents—for his Sanitary Collection. This embraced specimens of all the apparatus of every description used in our late war, for the cure and transportation of the sick and wounded. Mr. S. S. White, of Philadelphia, received one of the gold medals for Artificial Teeth and Dental Apparatus. The Military Surgical Apparatus, sent over by the Surgeon-General, was awarded a silver medal; as was also the display of books for the Blind, forwarded by Dr. S. G. Howe, of Boston. Among the recipients of bronze medals were E. D. Hudson, of New York, for Artificial Limbs; Johnson & Lund, of Philadelphia, for Artificial Teeth; Cummings & Sons, for their Hospital Car; C. Abbey & Sons, of Philadelphia, for Gold Leaf for filling Teeth, and A. Fries, of Cincinnati, for Extracts. Wm. Selpho & Co., of New York, received "honorable mention" for their Artificial Limbs; Robt. Bates, of Philadelphia, for his instrument to Cure Stammering, and Gail Borden, Jr., of New York, for his extract of Beef.

We were disappointed in seeing none of our surgical instrument makers mentioned. We fear that, like many other of our manufacturers, they are not sufficiently awake to the great advantages to be gained by the prominence the awards of the Exposition would have given their wares.

## FUNIS OF NEWLY-BORN INFANTS.

Obstetricians are accustomed to cut and ligate the funis of the newly-born infant. The practice is useless and mischievous. Useless, because such an operation is needless in the lower animals, is contrary to the course of nature who requires no help in performing normal functions, and because no case of death in a healthy child has ever occurred where this operation was dispensed with. Mischievous, because it is often the cause of secondary hemorrhage from the umbilicus, infantile jaundice, ulceration, erysipelas, and morbid growths of the navel, umbilical phlebitis, pyemia, etc., etc., and by preventing a normal and desirable escape of blood, produces congestion of the portal circulation, and a host of evils in its train. It is much better to sever the cord with a blunt knife or dull scissors, pressing out the fluids in the cord, and instead of doing up the rest in the time-honored greased rag and baby-bandage, to discard those abominations altogether, and let the cord hang uncovered, *tout simplement*, and dry away at its leisure, which will be, say, in a fortnight. Such are the rather startling theory and practice advocated by Dr. A. F. A. King, of Washington City, in a pamphlet of thirty-seven pages, on "Ligation of the Funis," which we have lately received. To moderate our surprise, he calls attention to the fact that two centuries ago, Prof. J. B. Fantoni, of Turin, a famed co-temporary of Malpighi, advocated the same views, and has been followed by various others since. Dr. King does not claim to support his position by an extensive clinical observation. On the contrary, he speaks modestly of his opportunities of the kind, and asks others, more favored in this respect, to put it to the test. We second his request, and welcome his essay as a most suggestive addition to obstetrical literature. It is cogently argued, and who knows but that the ligation of the cord is one of those practices which, as many say of the application of the bandage to women after delivery, can be neglected without injury in nine cases out of ten, and with apparent profit in most of the nine? The work is published for the author, and we recommend it to the thoughtful consideration of obstetric teachers and students.

## THE PUBLIC HEALTH.

The deaths in New York city for the week ending the 13th inst. were 526, as against 827 for the corresponding week of 1866! One fatal case of yellow fever is reported as having occured in Brooklyn, and one in Jersey City.

In this city the deaths for the week ending July 13th were 405. The week ending July 14th, 1866, there were 473.

There is nothing new in regard to the cholera or yellow fever, beyond the following items:

No case of yellow fever has occurred at Galveston, Texas, for ten days. The disease is on the increase at Indianola.

The Spanish authorities have declared all the Italian ports infected with cholera, and vessels leaving those ports for Spain are placed in quarantine at Port Mahon.

A quarantine has been established at Fortress Monroe, to continue during the summer season.

The Chicago *Republican* says, "rumors of the cholera at Memphis and St. Louis are baseless, if not malicious."

Our correspondence indicates a very excellent state of public health in all parts of the country. A correspondent from Springfield, Ill., says: "Health good, and doctors feeling each other's pulse to keep in practice!"

A special dispatch from Junction City, Kansas, says that the cholera broke out at Fort Harker on the 28th of June, since when over a dozen soldiers of the 38th Colored Infantry and several citizens have died of it. There are nearly twenty soldiers in hospital with it. The surgeons think the disease is caused by the recent overflow of the Smoky Hill River. Seven citizens at Salina and one at Junction City have also died of the cholera.

From Brazil we learn that the health of Buenos Ayres and Montevideo was good. Cholera was reported to have entirely disappeared from the towns on the Parana, and almost so from the River Platte cities. The port of Montevideo was again open to trade.

# Notes and Comments.

### Prof. Pancoast's Recipe for Beef Tea.

Take a pound of beef, carefully freed from fat, from the loin or neck, and cut it into small pieces, as large as the end of the thumb. Then add five grains of unbroken black pepper and a little salt, care being taken not to spoil it by making it too salty, as is often done. Pour on a pint of cold water, and simmer on the fire for forty minutes. Take out the meat, squeeze all the juice from it through a linen bag into the tea, which then boil for ten minutes.

### Doctors as Municipal Officers.

Among the Trustees of the borough of Edgewater, Staten Island, is Dr. Moffatt, and the fearless manner in which at a recent meeting, as published in the *Richmond Co. Gazette*, he called attention to sanitary matters in the borough, and offered resolution after resolution, directing the abatement of nuisances by private individuals, and the public authorities, is evidence of the importance of having medical men on such boards who are not afraid to do their duty to the whole community in matters involving the public health. No less than five resolutions bearing on the public health were offered by Dr. Moffatt at that meeting.

### Liberal Premiums.

The "*Citizen*," a spicy eight paged weekly of New York, edited by Gen. Chas. G. Halpine ("Private Miles O'Reilly") offers to new subscribers, the "*Citizen*," "*Our Boys and Girls*" weekly, edited by Oliver Optic, and "*The Galaxy*" monthly, all for the annual subscription price to the *Citizen*—$5. The price of the three is $11.

# Correspondence.

## FOREIGN.

### Letter from Glasgow.

### Antiseptic Treatment in Surgery.

Editors Med. and Surg. Reporter.

In accordance with my agreement to send you an account of what I might discover that is new, interesting, and profitable, I here give you, as the most important thus far, the discoveries recently made in the Royal Infirmary of Glasgow, by Joseph Lister, F.R.S., Professor of Surgery in the University of Glasgow, and Surgeon to the Royal Infirmary, in relation to the use of carbolic acid, in the treatment of surgical cases, and especially *abscesses*, *compound fractures*, and *lacerated* and *incised wounds*, including amputations.

And, lest I might be considered as having been in any way misled in relation to this matter, I will here state, that I have examined carefully the various cases under this treatment, in the Royal Infirmary; and have also the concurrent testimony of the medical gentlemen connected with this Infirmary, all of whom are physicians and surgeons, as is well known, of great eminence. They have all treated me with the greatest politeness and kindness; and allowed me every facility for observation, not only in these but in other cases.

### Abscesses.

Abscesses are opened and treated as follows; A cloth wet in a mixture of one part of carbolic acid to four of boiled linseed oil is laid over the part to be opened; and then the cloth being carefully raised, at one side, a lancet dipped in the same mixture is passed into the abscess, the cloth being let down over the incision instantly, to prevent the ingress of air with its septic germs, while the matter is flowing out. And immediately on the evacuation of the matter, the cloth is removed and instantly replaced by a paste made of one part of *carbolic acid* to four of boiled *linseed oil*, to which is added sufficient carbonate of

lime, in the form of prepared chalk or whiting, to make a paste of the consistence of putty. The paste is spread on a piece of block tin or tin foil, strengthened by adhesive plaster, shaped and bent to fit the parts, all being kept in place by strips of adhesive plaster, one edge being left free for the escape of the discharge into the bandage or cloth over the tin.

This is allowed to remain on twenty-four hours, when it is removed and fresh paste applied. And this is repeated daily, till a cure is effected, little or no matter being formed, after the application of the paste, in most cases. The effect of this treatment is really wonderful, being due, evidently, to the antiseptic effect of the carbolic acid.

### Compound Fractures.

In compound fractures the parts that are lacerated are sponged with the carbolic acid in full strength, by means of a small rag dipped in the acid, and held by a pair of dressing forceps, which are freely pushed into the wound, and between the bones, if the space will admit of it, as I have witnessed. This application causes little or no pain, rather appearing to soothe the parts, as I have noticed. The lacerated surface is then covered with the paste, spread on either block tin or tin foil, strengthened by adhesive plaster, and made of one part of the acid to four of the oil, taking care to keep on a cloth wet with the acid and oil, one part to four, while the parts are being examined when the paste is off. The cloth wet in the acid and oil is retained under the paste, being only removed if dirty, as another is slipped on so as to prevent the access of air, with its living organisms.

The effect of this treatment in compound fractures is to prevent all suppuration, and thus permit of the union and filling up of the parts. The least unpleasant odor is also thereby avoided; and in some cases this paste is made to aid *mechanically* as a support to the parts. After the lapse of two or three weeks, when the injured parts in the interior are supposed to be consolidated. The paste is made of one part of carbolic acid to eight or ten of the oil, so as to admit of cicatrization, the stronger paste being too stimulating.

### Lacerated or Contused Wounds.

Lacerated and contused wounds are treated precisely as compound fractures; the lacerated parts being first wet with the carbolic acid in full strength. A cloth, wet in a mixture of the carbolic acid and boiled linseed oil, one part of the acid to four of the oil, is then applied; and over this the block tin or tin foil, spread with the paste made with the same proportion of the acid and oil. The cloth wet in the mixture may be kept on constantly for two or three days at first, and when it is removed, it is done by carefully slipping another over it, as in the case of compound fractures, in order to prevent the access of air with its organic particles to the lacerated parts. The strength of the mixture of acid and oil is also varied to favor cicatrization, the proportion of acid being one part to eight or ten of oil, when cicatrization is about to take place, for the reasons already explained. The effect of this treatment of lacerated wounds is to prevent suppuration, as in compound fractures, at the same time favoring the filling up of the parts by granulations; and finally aiding cicatrization, as well as preventing from the first any unpleasant odor.

### Incised Wounds, including Amputations.

Incised wounds, including amputations, are treated as follows: the surface of the wound is first sponged with carbolic acid diluted with twenty parts of water, the ligatures, if used, being cut short. The parts are then to be brought together and secured by metallic sutures in the usual way. Over the incised part a cloth wet in the carbolic acid diluted with twenty parts of water is carefully applied as soon as possible, and over this the block tin or tin foil, spread with paste made in the proportion of one part of the acid to four of the oil, with the prepared chalk or whiting, a paste of half the strength being substituted after the lapse of about a week.

The same care is exercised in changing the cloth, though it may be left on for two or three days at first, as in the cases of compound fractures and lacerated wounds. The block tin or tin foil is removed daily, and fresh paste applied, as in the other cases, care being taken also, to keep the cloth on to protect the surface while the paste is off. The effect of this course of treatment in incised wounds is to prevent suppuration, promote cleanliness, and materially aid in favoring union by adhesion, so desirable in all cases of this character.

I have noticed that in the wards where cases are treated as above described, whether abscesses, compound fractures, lacerated or incised wounds, that no unpleasant odor could be detected, and the patients appear to have more vigor than is usual in such cases, under other modes of treatment, especially in a large city hospital. Great credit is due Professor Lister, for his energy, perseverance, and success in bringing this mode of treatment to such a state of perfection. All here, so far as I can learn,

are satisfied with the success of this *his* course of treatment in such cases.

E. R. Maxson, M. D.

Glasgow, Scotland, June 27, 1867.

## DOMESTIC.

### The New Medical Law of Maryland.

Editors of Medical and Surgical Reporter:

I read with much pleasure the synopsis of this law in the Reporter of June 8th, but must dissent from the general tone of the views expressed against protection by law. At the same time I am exceedingly glad that such matters attract the attention of the profession outside the State, for if the profession will use its power and influence through its legitimate organizations, much legal protection can be gained, first to the regular practitioner, then to the irregular, and then—and this is the most important—to the *public*.

It may be assumed with some degree of correctness, that *competent* practitioners, whether regular or not, need no protection; that their learning, and skill in attending the sufferings of mankind, and in curing disease, places them above the walks of protective influence; yet the fact is patent to most of us, that many of the brightest medical minds in this country and in Europe, have languished for want of adequate remuneration for intelligent and skilful services rendered at the bedside, or at the microscope, dissecting-room, or desk, while others, of so little ability as to be chargeable with incompetency, have enjoyed most pleasant annual incomes; and others again, the most corrupt and deceitful, have amassed princely fortunes, and reared costly monuments to their meanness and the credulity of the people around them, while honest and capable physicians have breathed out an economical existence under the shadow of these towering castles stolen from the ignorant and unsuspecting.

No one will doubt, however, the constant and tremendous imposition practiced on the public, the community in which each of us resides, our neighbors, friends and relatives; and these are the ones the new medical law of Maryland protects to the greatest extent.

The law under consideration was passed at the last January session of the Legislature, and is entitled "An Act for the Protection of the Public against Medical Imposters, and for the Suppression of the Crime of Unlawful Abortion."

The intituler plainly conveys the intention of the law—*the "protection of the public."* The medical profession is a very important and essential portion of the public; and we inquire, wherein does this protection consist? and are assured against "medical imposters and the crime of unlawful abortion."

Does the law fulfil the promises of its entitle? We must approach the law, therefore, not only as *good citizens* but as professional men, and in this light the following remarks may be construed.

The law is intended to operate as a benefit to *competent* practitioners of medicine, regardless of any antecedent history of the individual. as well as to protect the public against an ignorant and disreputable practice of our profession. It should, therefore, be our duty as good citizens—and more so as members of an honorable profession, ranking next to the ministry of Christ in its mission of doing good to all,—to aid and cooperate in carrying out its provisions.

The law is not so perfect as we should wish it, but it is a step in the right direction; and it is the only step ever taken by the laws of that State for our protection, and unless the profession of the State take advantage of this law and improve the opportunities given, it will probably be the last step ever taken in our generation to rid the State of dishonest and ignorant men, who hang to the walls of the profession, destroying its honor and corrupting its good influences.

On the other hand, if the competent practitioners will show that this effort in their behalf is appreciated, that they have the honor and glory of our institute at heart, and that they are willing to labor in its behalf, they will soon be able to take another step in this direction, so beneficial to their interests as physicians and good citizens. Thus by a steady and enlightened progressive movement *in law*, as well as in thorough professional organization, the practitioners of Maryland will soon be able to take a higher stand in the ranks of the faculty than has yet been attained.

There are several objections to the law, which I shall notice briefly. First, that it allows men to practice contrary to the usages of the profession, who have no diploma of a respectable medical college. Very true, but do not these men practice now? while the law provides that in the future they shall only practice *after proving themselves competent* before a board of "respectable physicians, graduates of some recognized school of medicine." If a man comes before the Board of Examiners, who has no diploma, or who has a diploma not recognized by the profession, and is found fully *competent* to practice medicine, then the law protects him because of his industry and

learning. If he is not qualified, then the public is protected against his ignorance and quackery! No man will strive harder than myself to raise the standard of medical education, nor will I recognize any man as my *professional* equal who is not a graduate of some school sanctioned by the profession, yet I will recognize him before the *law*, because it *is* the law to do so; and because, further, all classes of the community are benefited by the recognition.

The second objection is, that irregular practitioners, such as homœopathists and eclectics are allowed to practice. Very well, but these men may be examined by the Board on chemistry, anatomy, physiology, surgery, obstetrics, and the materia medica, and if they prove that they have a proper knowledge of these "principles of medicine," they "will be at liberty to treat diseases according to their individual honest convictions." There is far more protection in this than has heretofore been granted, for it is required now that these men be informed in six studies of the profession, and a knowledge of these branches of medical learning is more likely eventually to work a regular than an irregular practice. Men well read in the works indicated, are most likely to become properly educated In the seventh, while the community is protected from the basest pretenders, who have no knowledge whatever of the principles of medicine, much less any rational idea of its proper practice.

The last objection that I can notice now is the section regarding the sale of so-called patented medicines—That it is not complete, inasmuch as only one class of quack medicine-venders are reached, while the majority of them are left untrammeled in their nefarious purposes. While this is true, we must admit that the law does reach a very large class, the most corrupt, depraved and injurious to health, society, morals and religion, to say nothing of its vast destructiveness to life itself. Whoever will attempt to circumscribe God's mercy must begin with the abortionist, who, by his own vile acts, voluntarily made, has placed himself below the moral level of the common felon in the prison, and the murderer on the scaffold. This dangerous class of persons, with those who sell their medicines and instruments, are severely handled by the law, and the profession and the public should make every honorable effort to bring them before the law.

At another legislature, by concert of action, through the different county organizations created by the law, no doubt legislation can be so extended as to include other classes of dangerous medicines and persons, and other salutary changes can be effected. The Faculty of Maryland had better take one step at a time, and reach the goal, than sit quietly by and dream that the good will come to them. If the law is not perfect—and it is not—let the profession show some energy, interest, and earnestness in making it so.

Stiles Kennedy, M.D.

*Clayton, Del., July*, 1867.

# News and Miscellany.

### The Diet of Paupers.

In the diet of paupers it is necessary that a due regard be had to economy at the same time that the food is adapted to the proper nourishing of the body. There should be as little waste material as possible. Dr. Edward Smith, of London who has given the subject much attention, has of late been examining the relatively nutritive value of the different cereals, as well as their commercial value. On a review of the subject, he says:

"I arrive at the conclusion that wheaten *seconds* flour should be universally adopted for the food of paupers, whether in or out doors." He found that the second flour is richer in nitrogen than the farina, which is the only part of the wheaten meal left after its several screenings, and it has, therefore, in one respect, an advantage in nutrition. Dr. Smith condemns the coarser kinds of bread, especially "brown," not only on account of their being more indigestible, but also, of their actually injurious operation, by giving rise to diarrhœa, from the mechanical action of the indigestible matter contained in the flour. On this point there will be, however, a considerable difference of opinion. Taking the two important elements of nourishing diet, carbon and nitrogen, Dr. Smith alludes to the fact, that the daily requirements of an able-bodied adult, of the average weight of 150 pounds, are about 9½ ounces of carbon and 3⅓ drachms of nitrogen, when employed in-doors. Acting upon this estimate, he has proposed a diet for this class as follows: 9 pounds of bread per week, 16½ pints of gruel, which contain a pound and a half of oatmeal, besides a due proportion of suet and molasses; once a week he is allowed a pound of meat pie, and twice a week 10 ounces of suet pudding, besides 9 pints of broth and soup, and half a pound of cheese; so that this class is daily allowed nearly two pounds of highly nutritious food, equal to a little more than 9 ounces of carbon and 3½ drachms of nitrogen daily, which corresponds as nearly as possible with the amount demanded and supplied by the laborer, when he is free to make his own selection.

—— Dr. Civale, the inventor of lithotrity is reported to have died recently, aged 73.

### The Plague.

Mr. BAKER, in his account of the great basin of the Nile (Albert N'Yanza), and explorations of the Nile sources (a book containing a unique history of adventurous travel and successful discovery), gives some particulars about the so-called plague on the Upper Nile last year, which it will be well, in the interest of epidemiology, to make a note of. On reaching Gondokoro early in 1865, on his return journey, he learned that the plague was raging at Khartoum at the dates of the latest news from that town; and that many men had died from the disease on board the only vessel he could obtain to descend the river. While he was at Gondokoro the plague appears to have broken out there. The place was crowded with slaves at the time, and the effluvium given off from the mass of unfortunates was horrible. The victims from the disease among the natives were dragged to the edge of the cliff and thrown into the river. Mr. BAKER'S boatmen assured him that the most fatal symptom was violent bleeding from the nose.

Soon after he had left Gondokoro, one of his men, who had been ailing for some days, suddenly went to the side of the vessel and hung his head over the river. His nose was bleeding. Another man was also attacked with bleeding from the nose. Both these men died. Several other men fell ill, and lay helplessly about the deck in low muttering delirium, "their eyes as yellow as orange-peel." In two or three days the vessel became so offensive as to be unbearable. Presently a favorite attendant—a boy, Saat, fifteen years of age—came to Mr. BAKER, "with his head bound up, and complained of severe pain in the back and limbs, with all the usual symptoms of plague. In the afternoon," Mr. BAKER continues, "I saw him leaning over the ship's side, his nose bleeding violently. At night he was delirious. On the following morning he was raving; and, on the vessel stopping to collect fire-wood, he threw himself into the river to cool the burning fever that consumed him. His eyes were suffused with blood, which, blended with a deep yellow as deep as the yelk of an egg, gave a horrible appearance to his face, that was already so drawn and changed as hardly to be recognised. Saat grew worse and worse: nothing would relieve the unfortunate boy from the burning torture of that frightful disease. He never slept, but night and day he muttered in delirium, breaking the monotony of his malady by occasionally howling like a wild animal. Saat was dying. The night passed, and I expected that all would be over before sunrise; but, as morning dawned, a change had taken place: the burning fever had left him, and, although raised blotches had broken out upon his chest and various parts of his body, he appeared much better." An hour passed, and he apparently slept. But the sleep was death.

Mr. BAKER reached Khartoum on the 5th of May, 1865. "A drought of two years," he states, "had created a famine throughout the land, attended by a cattle and camel plague, which had destroyed so many camels that all commerce was stagnated. The plague, or malignant typhus, had run riot in Khartoum; out of 4000 black troops only a remnant below 400 remained alive!" While Mr. BAKER stayed at the Soudan capital the heat was intense; dust storms were constant, and there was a general outbreak of boils. The plague, it is asserted, had been engendered amongst a mass of slaves who had been brought to Khartoum, "packed like anchovies," in two small vessels, "the living and dying festering together, and the dead lying beneath them. Upon landing, the women were divided by the Egyptian authorities among the soldiers. These creatures brought the plague to Khartoum, which, like a curse visited upon this country of slavery and abomination, spread like a fire throughout the town, and consumed the regiments that had received the horrible legacy from the dying cargo of slaves."—*Lancet.*

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### Gen. Butler on Yellow Fever.

In a communication to the Mayor of New Orleans, Gen. BUTLER, whose experience in that city in 1862–64 entitles his opinions to some weight, says:

"If the atmosphere is not in a suitable condition to promote the yellow fever it will not be epidemic. The disease is not indigenous where its seeds are killed by the frost, but like the sugar-cane, which can only be propagated by cuttings. Now the seeds of yellow fever may be preserved by being protected from the frosts during the winter, and finding an atmosphere suitable for its propogation will become epidemic. If it finds no such atmosphere, but a healthy and pure one, the cases will be simply sporadic, whether they result from the contagion which has been preserved in woolen garments or by other means from the cold, or by being brought from a warmer climate through the vehicles of commerce. Therefore, two things are necessary to the extinction of the yellow fever: First, that there should be no impure atmosphere to foster the disease, in which case it cannot spread; and secondly, a rigorous quarantine of not less than thirty days from the infection to prevent cases being brought in by commerce, but these will be sporadic only if the atmosphere is pure.

"My theories may be wrong, but the practice under them, in 1862 and 1864, at New Orleans and Norfolk, was a perfect success. I had yellow fever brought into New Orleans in 1862 by the rascality of the Captain of a steamer bringing a passenger tainted with the disease from Nassau; but, the city being clean, and the atmosphere pure, the fever did not spread, but died out with the victim. I had the disease continually during the summer at the quarantine station, seventy miles below the city, but it never reached New Orleans, because no vessel arriving from an infected port, or tainted with it, was allowed to come up for thirty days after all vestige of the disease was eradicated. So at Norfolk, which city had ever been visited by the yellow fever when it was on the coast anywhere, in a greater or less degree, and in one instance, as we remember, with unexampled fearfulness. Yet in 1864, being thoroughly cleansed, although occupied by a body of troops very liable to such disease, and in constant communication with Newbern, where

the disease raged fearfully, still during that season Norfolk had not a single case of yellow fever, although every other city on the coast from Portsmouth, N. H., to New Orleans had isolated or epidemic cases.

### The Drainage of New Orleans.

In a letter to the Mayor of New Orleans, Gen. Butler, in speaking of the drainage of that city, says:

"Your city has the peculiar advantage that all its drainage is above ground, emptying into the canals, and through the bayous into Lake Pontchartrain. I found that the winds had more control of the level of the Lake than the tides, changing the level by about two feet. A moderately strong, continued, north wind blows the water out of the Lake into the Gulf, through the Rigolets, or straits, connecting the Lake with the Gulf. I took advantage of such state of water, and by a copious washing of the drains and canals into the Lake from the water works, I was enabled to get rid of all the foul water. A south wind would, of course, return the salt water of the Gulf into the Lake, filling up the canals and drains and marshes with fresh salt water, if that would not be an Irishism. The very heavy showers which fall in your climate, washing into the drain and canals the surface of the city, would leave it thereupon perfectly clear of the surface filth, mingling it with the salt waters of the Lake which by the next north wind are taken to sea, and its place supplied with pure water. The advantage your city has in not having drains and sewers where filthy water more or less stagnant engenders gases which poison the air through the cesspools, is one not easily overestimated."

### Child Murder.

At a recent meeting of the Presbytery of Troy, held in Glens Falls, N. Y., June 20th, 1867, Elder John Lambert, M. D., of Salem, offered the following preamble and resolutions which, after free discussion, were passed unanimously, and the Clerk was directed to publish the same in the New York *Evangelist*, *New York Observer*, and *Christian Intelligencer:*

*Whereas*, it appears from recent publications by some of the most distinguished physicians and statisticians of our country, and from articles in both religious and secular papers, that the prevention and destruction of human life is one of the common sins of our age and country. And whereas many of our leading journals are in the habit of giving a prominent place to advertisements proposing to assist in committing such crimes; therefore

*Resolved* 1. That this Presbytery express their decided conviction of the great criminality of such proceedings, and of all other means contributing to like fearful results.

2. That our Church members, and the families connected with us, should avoid patronizing and encouraging journals that admit these immoral advertisements to their columns.

3. That the members of this Presbytery endeavor to circulate among those likely to be led into these crimes such books as "Why Not," by H. R. Storer, M.D., and "Serpents in the Dove's Nest," by Rev. Dr. Todd, and published by Messrs. Lee & Shepard, of Boston, Mass.

### Sloughing produced by Local Anæsthesia.

The *London Lancet*, says: "We examined, a few days since, in the Middlesex Hospital, a young woman whose case is of no little importance in reference to the question of local as against general anæsthesia for operations. Mr. Lawson had diagnosed the existence of an abscess behind the patient's breast, and as the pus was very deep (under the pectoral muscle indeed) the refrigerator was used, paraffine ether being employed. Congelation was rapidly produced, and kept up for a few minutes. The result has been, that a portion of skin, about an inch by three-quarters of an inch, over the upper part of the breast, has sloughed, and its healing will necessarily be attended by an unseemly scar. The patient is a maid-servant; were she unfortunately a lady, the undress of the modern ball-room would be impracticable without revealing such a blemish as might seriously damage her value in the matrimonial market. The case is certainly exceptional; but the circumstance is worth remembering when exposed parts of the body are to be operated upon."

—— The following have been appointed Examining Surgeons of the Pension Office: Drs. Albert W. Morgan, of Dewitt, Iowa; Tristram Rogers, of Fairburg, Illinois; J. B. Bell, Potosi, Mo.; Thomas Ryerson, Newton, N. J.; and J. E. Singer, Newport, Pa.

—— A widow lady has recovered two or three thousand dollars damages against a prominent physician of Nashville, Tenn., whom she charged with having killed her husband by administering an overdose of morphia. She claimed $40,000.

—— Dr. E. A. Muhlenberg, a distinguished physician of Lancaster, Pa., died in that city on the 12th inst., aged 73 years. He was for many years the President of the old Lancaster Bank. In 1852 he was a candidate for Congress, and was only beaten by a small majority.

—— Liebig's Artificial Milk is an imitation, as close as chemistry can make, of the natural food of the human infant. It is prepared as follows: Half an ounce of wheat flour is boiled to a paste in five ounces of skimmed milk. To this is added immediately a mixture of one-half ounce of bruised malt, one ounce of water, and three grammes of a solution of two parts of bicarbonate of potassa in eleven parts of water. The whole is then kept warm by standing within an envelope of tepid water until it is no longer pastry, but of a creamy consistence. After fifteen or twenty minutes it is put on a fire for a few seconds only, and then strained through a fine hair sieve. It should be allowed to stand long enough to deposit some fibrous matter before it is given to the child or invalid.

*[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]*

## MARRIED.

FAUNCE—HATFIELD.—In this city, on the 8th inst., in the Second Presbyterian Church of Philadelphia, by the Rev. E. R. Beadle, D D., John E. Faunce, Esq., and Miss Sallie P. Hatfield, daughter of Dr. N. L. Hatfield, all of Philadelphia.

GIRVIN—SAUNDERS.—on the 10th inst. at the residence of the Rev. E. D. Saunders, D.D., West Philadelphia, by the Rev. J. Addison Henry, Robert M. Girvin, M. D., and Sue H. Saunders, daughter of John M. Harper.

PRATHER—ELDRIDGE.—In Jennings co., Ind., June 22 by Rev. W. O. Pierce, Dr. Uriah C. Prather and Miss Harriet A. Eldridge.

WESTFALL—ECKLEY.—By Rev. J. K. Andrews, June 27th, at the residence of the bride's father in Carrollton, Ohio, James Westfall, M. D., of Malvern, and Mi s Helen A. Eckley, eldest daughter of Hon. E. R. Eckley.

## ANSWERS TO CORRESPONDENTS.

*Dr. J. K. H., Pa.*—Your order for an electric machine was sent to the maker on the 9th. He will send it you.

*Dr. A. G. F., of Iowa.*—Dr. MITCHELL'S five essays, (one of which is on the "Cryptogamous Origin of Disease," BEALE'S "Microscope in Medicine," LEHMANN'S "Physiological Chemistry," and the copies of the REPORTER were sent on the 15th, by Express. Shall we add by mail, the *last edition* of DUNGLISON'S Dictionary, and CARPENTER'S Comparative Physiology, or have you them?

*Dr. T. H. B, Iowa.*—The eye instruments are ordered, and will be ready in a few days.

*Dr. H. N. S., N. Y.*—STORER'S Why Not? sent by mail, July 13.

A number of orders for globular pessaries will be filled in a few days.

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| July, | 1, | 2, | 3, | 4, | 5, | 6, | 7, |
|---|---|---|---|---|---|---|---|
| Wind..... | S. W. | S. W. | S. W. | S. | E. | S. W. | N. W. |
| Weather.... | Clear. | Clear. | Clear. | Clear. | C'dy. Sh'r. | Clear Sh'r. | Clear. |
| Depth Rain.. | | | | | 2 10 | | |
| *Thermometer.* | | | | | | | |
| Minimum..... | 75° | 68° | 70° | 72° | 76° | 68° | 69° |
| At 8, A. M..... | 82 | 78 | 83 | 82 | 78 | 70 | 79 |
| At 12, M..... | 86 | 83 | 86 | 88 | 87 | 84 | 84 |
| At 3, P. M..... | 87 | 85 | 88 | 89 | 88 | 84 | 85 |
| Mean..... | 85.50 | 78.50 | 81.75 | 82.75 | 82.75 | 76.50 | 79.25 |
| *Barometer.* | | | | | | | |
| At 12, M..... | 30. | 30.1 | 30.1 | 30. | 30. | 30. | 30. |

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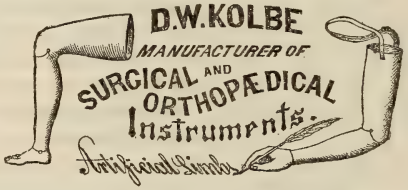


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# MEDICAL AND SURGICAL REPORTER.

No. 543.] PHILADELPHIA, JULY 27, 1867. [Vol. XVII.—No. 4.

## Original Department.

## Communications.

### RHEUMATISM: ITS NATURE AND ITS TREATMENT.

*An Essay read before the Wayne County (Ohio) Medical Society, October 17th, 1866,*

By L. Firestone, M. D.,
Of Wooster, Ohio.

(*Published at the request of the Society.*)

(Continued from page 29.)

I will now pass to the second division of my subject, and offer a few thoughts on the treatment of rheumatism. The success in the treatment of this disease will depend very much upon careful examinations of the patient, the true pathological conditions, the diathesis to be changed, and the particular "materies morbi" to be removed. The want of success, in my opinion, is owing to the almost entire neglect of chemical and microscopic examinations, both of the excretions, and the blood. These examinations made from day to day will reveal the true nature of the disease, and tell with unerring certainty what particular type of the disease is present, and will suggest the therapeutic agents needed. If implicit faith is placed in the acid theory of the disease, and that alkalies constitute the almost universal treatment, physicians indulging in such views will be sadly disappointed in their success, and will be ready to endorse the truth of the sentiment that the best cure for rheumatism "is six weeks in bed."

If the positions I have taken in relation to the nature of rheumatism are true, then I need not say that the treatment must vary with each particular type of the disease. Such a proposition is almost self-evident. To be successful in the treatment, it will be necessary to adopt different plans in different subjects, and in the same subjects, during the progress of the same attack of disease. The practitioner must apply the same common sense in the treatment of rheumatism that he would in the treatment of any other disease; adapt the remedies to the different pathological conditions. If there is an excess of acids, and it is clear they are at fault, neutralize them by the administration of alkalies, and *vise versa*. Two men take poison, one eats caustic potash, the other drinks nitric acid. Would it be considered good practice to attempt to neutralize these poisons, by administering alkalies to both men? The very suggestion strikes us with its absurdity, and yet we see this done every day in the treatment of rheumatism. We are consulted in a case of costiveness, and prescribe jalap, gamboge or croton oil. In a few days this costiveness is followed by diarrhœa or dysentery. Shall we continue the use of jalap, gamboge or croton oil? Fully as reasonable as to treat the different types of rheumatism by giving alkalies in all of them.

In my opinion there is no disease affording more encouraging results from treatment than rheumatism. There is no disease of any seriousness that will more certainly, and positively yield to the proper administration of remedies, provided of course the treatment is commenced in time, and there are no serious complications. I may be asked if there are not cases so violent that they will not yield to any treatment that may be used. There are cases in which the poison is of that concentrated character as to kill in defiance of all therapeutic appliances. These cases, however, I regard as exceedingly rare. But admitting the force of the interrogation to the full extent, let me ask in return if death is not often the result of other acute diseases? Do persons die from pneumonia, pleuritis, peritonitis, nephritis, and phrenitis? Because they do, shall we decry treatment and lose confidence in drugs? Persons die from taking poison, and yet the profession have a great deal of confidence in antidotes. Shall we tell a man who has swallowed oxalic acid that the best cure for him is "six weeks in bed?" But enough on generalization, and let us be more specific.

*Lactic Rheumatism.* Lactic acid, as has been already intimated, owes its existence to non-assimilation. This is particularly the case if muscular juice comes in contact with starch, caseine or sugar, hence it is to be found where there is great

waste of muscular tissue, and where there is fermentation, and decomposition of glucose. In the treatment of lactic rheumatism the value of alkalies cannot be too highly estimated. "This is so, whether regard be had solely to the fact that the normal alkalinity of the saliva disappears, that the acidity of the perspiration is excessive, and the dejections loaded with acidulous matters. They are active depurating agents, correct the abnormal condition of the blood, and prevent the deposition of fibrine." These remarks are worthy of credence, and are no doubt perfectly familiar to the members of the medical profession, and I will not enlarge upon them. The whole plan of treatment is so clearly laid down in the excellent work of Dr. Fuller, that I will not presume to be able to add anything that would be any improvement.

There is a matter in this connection, however, to which I shall beg leave to allude. Frequently when alkalies are given for several days it is found to the joy of the medical attendant that the patient is rapidly convalescing, the sweat and all the excretions which before were acid, are now alkaline, and it is thought a cure is effected, when all of a sudden the disease returns not with its former but with greatly increased violence, seizing not only upon the fibrous tissue, but implicating the heart and other vital organs. What now is to be done? Shall we continue the use of alkalies? If we do the patient will rapidly become worse, and probably die. What is the cause of relapse? The excretions were formerly acid, but they are so no longer. The litmus paper which a few days since turned red on being dipped in voided urine, now turns blue. The excretions are intensely alkaline, and yet there is rheumatism. Why? The microscope reveals the mystery at once. We no longer have lactic acid as the "materies morbi," but some one of the lactates depending in some degree upon the particular alkalies used in the first treatment of the disease. Alkalies are no longer indicated, but a radically different course of treatment has to be adopted, and if adopted will relieve the sufferings of the patient in a very short time. But lactates are not always found in such relapses. A patient convalescing from an attack of rheumatism, eats eggs or potatoes, or drinks milk or sweetened tea or coffee, and owing to weak digestion, there is non-assimilation, and there follows oxaluria or phosphuria, and if there is at the same time some functional derangement of the spleen, leucine is generated, and there is a return of the disease in great violence. Either one of these will require a very different treatment from that which had been pursued in the first attack, depending on uric acid. A continuance of alkalies now would be positively injurious. In view of these facts it can be very readily seen that to treat rheumatism successfully it is necessary to test the excretions from day to day, and thereby ascertain the true condition of the patient. If this is neglected it will be found that poisons are administered instead of remedies. Better trust rheumatic patients to nature at once than pursue an alkaline routine.

In confirmation of these views, I will take the liberty to report a case. Mr. ——, carpenter, aged 39 years. Had always been very healthy. This his first attack, visited him January 2d, 1863. Pulse 125, full and hard. Tongue dry and slightly coated; skin hot and dry. Ankles and the left elbow swollen and very painful. He would scream with pain upon slight jarring of his bed. Urine excessively acid, and passed in sparing quantities. Ordered flannel next the skin, and prescribed a saline cathartic.

January 3d. Cathartic operated well. Pulse 120; skin slightly moist. Was more comfortable, but had slept none during the night. Ordered the following:

℞. Potass. acetas, ʒiij.
Vin. colchici,
Tr. hyosciami, āā f.ʒj.
Aquæ, f.ʒvj. M.

S. Tablespoonful every four hours.

4th. Symptoms somewhat improved; skin slightly moist, but still complained of great pain.

6th. Decidedly better. Urine still acid.

8th. Still better. Urine alkaline.

10th. Convalescent.

13th. Called in haste. Patient suffering extremely. Pulse 137; skin hot. Tongue dry and heavily coated. Knees, ankles, and wrists swollen, and very painful. The day before he ate two boiled eggs, and drank about one pint of sweet milk at noon, and a cup of sweetened tea in the evening. The urine contained no acids, but was loaded with phosphates, coloring litmus paper a dark blue.

℞. Acid nitro-muriat., f.ʒj.
Aquæ, f.ʒvj. M.

S. Teaspoonful every two hours.

No other treatment was used, and in five days he was convalescent.

Since 1862 I have had under my care twenty-seven cases of lactic rheumatism, followed by relapses. These relapses were as follows:

| | |
|---|---|
| From lactic acid, | 9 |
| " lactate soda, | 4 |
| " phosphates, | 8 |
| " cystine, | 5 |
| " leucine, | 1 |

The case of leucine was complicated with functional disease of the spleen, and has been alluded to already. The lactic cases yielded readily to a renewal of the alkaline treatment, while the others required remedies peculiar to themselves. That the relapses were owing to the different agents enumerated, is very evident for the following reasons:

1st. Their excess in the excretions, and particularly in the urine was demonstrated by chemical analysis, and the microscope.

2d. The readiness with which they would yield, when the treatment for either lactic or lithic rheumatism was withdrawn, and their own appropriate treatment was used.

But we will pass to *lithic rheumatism*. This, as has been already mentioned, owes its existence to uric or lithic acid. This acid is much more readily formed, and causes more irritation and pain in the region of the kidneys, bladder, and urethra, thereby causing those afflicted to sooner seek relief. In lithic, as in lactic rheumatism, alkalies form a leading part in the treatment, the principal difference being, that in the lactic the metallic base should be soda, whereas, in the lithic it should be potash. A continuous alkaline treatment will do no better in this form of the disease than in the one we have just considered. Uric acid is often associated with oxaluria, sometimes one predominating, and sometimes the other. The evil consequences of continuing the alkalies too long are more to be dreaded in lithic than in lactic rheumatism, as the transition is to oxaluria instead of phosphuria or cysturia, the former of which is altogether a more troublesome and dangerous "materies morbi." The treatment for lithic rheumatism should be very prompt; the alkalies should be given in as large doses as the stomach will tolerate, and whenever from chemical analysis, or from the microscope it is found that alkalinity is fully established, the treatment should be discontinued at once. To continue alkalies longer than this is frequently very injurious. During the administration of medicine, all nitrogenous articles of food should be avoided, with all aliments likely to produce acidity.

After it is found that the excretions have begun to change from an acid condition, the function of digestion should be particularly watched. At this stage alteratives and tonics will promise the most flattering prospects for a perfect convalescence. Many physicians have great confidence in mercurials. If they can be relied upon at all in the treatment of this disease, it is just at the time acidity has been subdued. To give them at any other time in the disease, I think very questionable practice. At this period, too, colchicum can be given in combination with vegetable tonics, and if desirable with quinine. When a patient is convalescing in lithic rheumatism, great care should be exercised lest there be a relapse of the disease. When this takes place the disease is but seldom owing to a reaccumulation of either lithic acid or the lithates, but to an abundance of oxalates. I can be somewhat positive upon this point, for it has been a matter of close observation for four or five years. I can safely say that eight-tenths of relapses in lithic rheumatism are owing to oxalates. The other two-tenths are about equally divided between lithic acid, and the lithates; phosphates and cystine are but very seldom if ever found in relapses after the lithic form of the disease. If the views I have taken upon this matter are correct, then it need excite but little surprise to say a patient may have lithic rheumatism one day, and oxalic the next, and that it may be good practice to use one class of remedies one day, and those possessing very opposite properties the next.

Before leaving this part of the subject, I will again allude to the great, indeed the absolute necessity of making frequent examinations of the excretions in order to ascertain what changes in the treatment are necessary.

*Phosphatic Rheumatism.* To be able to treat this form of the disease satisfactorily, it must be determined with tolerable certainty,

1st. Whether the phosphatic condition is primary or secondary.

2d. The particular kind of phosphate, with a knowledge of the general condition of the patient, and whether there are any deposits about the joints.

3d. Whether the fixed, or volatile alkalies predominate, and if possible to ascertain which one has had precedence in regard to time.

The leading remedy in phosphatic rheumatism is hydrochloric acid. As yet it has never disappointed me in my expectations. It should be given in efficient doses, and continued until the excess of phosphates is completely subdued. This can usually be done in six or seven days, provided the patient is seen within the first twenty-four hours of the attack. I have treated quite a number, both primary and secondary, and never had one continue longer than eleven days. If from any cause hydrochloric acid cannot be given, citric acid in large doses will serve as an excellent substitute. During the treatment strict attention must be paid to the diet, as very slight errors often produce distressing consequences. Patients afflicted with this type of rheumatism

should be watched closely, and particular care should be exercised, lest the acid treatment be overdone, and an opposite condition of the system is brought about, requiring an opposite treatment, and the selection of a very different class of therapeutic agents. After continuing the acids for two or three days, and after the phosphates have been subdued, opium in large doses acts like the healing balm of Gilead. Perhaps no single drug at this stage, acts with such promptness. It sustains the alkaline reaction which has been brought about by the acids, and it allays pain, procures sleep, and composes nervous anxieties, to which these patients are almost universally a prey. We find in consequence of its action being so well marked, and positive, that many intelligent practitioners place great confidence in it, and actually believe, and openly advocate, that it possesses curative properties. This is a mistake. In any other than in phosphatic rheumatism it merely allays pain, and nothing more. The reason doubtless so many physicians are partial to it, is, because they happened to witness its operations and powers when prescribed for rheumatism dependent upon phosphuria, and after some of the acids have been withdrawn. They witnessed its good effects when given in the right type, and at the right time of the disease, and had it not have been thus given, its virtues in the treatment of rheumatism, except as an agent to ease pain and procure sleep, would have been unknown to the profession.

*Cystinic Rheumatism.* This type is somewhat difficult to cure. As has been intimated, it is doubtless hereditary. It usually exists in the form of neuralgia or neuralgic rheumatism, which renders the lives of some persons so very miserable. They are always sick and always complaining. In addition to their bodily sufferings, their spirits are depressed and their minds always forebode evil. I have administered with very good success nitric acid alternated with sulphuric. I would also recommend tonics, vegetable bitters, and mild alterants. The transition in this type is to the phosphatic. Should this take place, hydrochloric acid will very soon control it. Under any form of treatment I have been able to give, time is required to effect the cure. This is the only type of the rheumatism in which a speedy cure cannot be promised. It is to be hoped the day is not far distant when this will yield to its appropriate remedy as readily as any of the others.

*Oxalic Rheumatism.* In this type nitro-muriatic acid works as if by magic, controlling the worst forms of the disease in a very brief period of time. In the use of this agent, one thing should be particularly borne in mind. It often happens that just in proportion to the disappearance of the oxalates, there will be developed in their stead uric acid or the urates, changing an oxalic into a lithic rheumatism. This transition I have witnessed repeatedly. When it occurs, the acids are to be discontinued and a different class of remedies used.

To treat this type of the disease correctly requires daily examinations of the excretions, so as to be able to adopt the remedial agents to the changed conditions found to exist. I would not be understood to say that the transition from oxalic to lithic rheumatism is universal, or even that it constitutes a rule, but that it frequently takes place, and if not understood, or if it is not regarded, complicates the treatment and retards the cure. The reason many cases of the disease drag along so slowly, requiring weeks and even months to effect a cure, is because transitions are not regarded, and because the treatment is not changed to meet the changed conditions. There is, in my humble opinion, fully as much sound philosophy and good practical sense in the daily use of laxatives for the cure of diarrhœa, as there is in a persistent use of acids after a transition from oxalic to lithic rheumatism, or of the different preparations of potash when the transition is from lithic to oxalic. Upon the first examination of a patient, it may be found that the disease is dependent upon an excess of oxalates, for the treatment of which nitro-muriatic acid is peculiarly adapted, when in twenty-four or in forty-eight hours it will be found there has been a transition, and now, instead of oxalates, uric acid or urates will be found in large quantities, when to continue longer the use of the acid would be like throwing oil into the fire to extinguish the flames.

The transitions must be watched and followed up from day to day, and the remedies must be changed to meet the changes in disease as they occur, and if these things are done, rheumatism will yield as readily to the use of remedies as any other acute disease of equal violence.

*Leucinic Rheumatism.* In relation to the proper treatment to be pursued in this form of the disease, I must in candor say that I am not fully established. I have seen but four cases of the disease, and but two of these were under my care long enough to enable me to come to any very definite conclusions in reference to the best treatment to be pursued. That the rheumatic difficulty in each case was owing to an excess of leucine I have no manner of doubt. The evi-

dence upon this point was, to my mind, conclusive. The remedy chiefly relied on was phosphoric acid given in as large doses as was deemed safe. It was prescribed with the hope that there would be a transition from a leucinic to a phosphatic condition. In this I was disappointed, for upon daily examinations, not a crystal of the phosphate could be found. After the use of the acid five days in one case, and eight in the other, the leucine began to disappear, and at the same time the rheumatic symptoms improved. In order to ascertain, if possible, whether the improvement so noticeable was a mere coincidence, or whether it was owing to the acid, I in one of the cases withdrew the remedy for two or three days, when the rheumatic trouble became worse, and markedly worse, after which the treatment was resumed, upon which the patient improved. In the other patient the improvement was steady and uninterrupted throughout, with a continued use of the remedy. The cure was not rapid, but complete. When the leucinic condition was mainly overcome, guaiac, colchicum, and quinia were prescribed, and the acid withdrawn.

In conclusion, permit me to say that I have, in as clear and plain a manner as I could, given my views in relation to the nature and treatment of rheumatism. Many things I deem of importance have been omitted, fearing their recital would be considered prolix. How I have succeeded in convincing any one of the truth of the positions taken I cannot tell. I believe them; indeed, I am confident of them. I have arrived at the belief of the truth of them by a series of experiments carefully conducted through the last five or six years. If any one is skeptical, I would suggest that he experiment for himself. The subject is worthy of careful investigation and patient thought. I have only touched it in feebleness, but at the same time I hope, if I have done nothing substantial, that I have aroused a spirit of investigation. If I have done this, then I am amply rewarded. If I have done this and nothing more, I will then have done something to allay suffering, assuage pain, and increase the happiness of man.

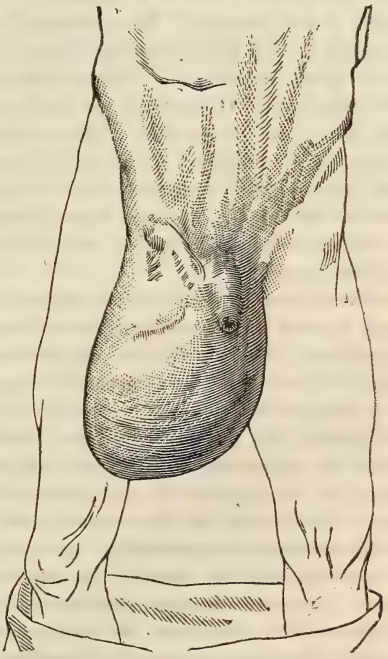
### Extractum Carnis.

The sub-committee on food of the Society of Arts, are of the opinion, that extract of meat, even that prepared by LIEBIG's formula, acts less by affording nutriment than by preventing waste of tissue, and hence come in the same category as thein, caffein, and alcohol. They aver that "a teaspoonful of extract does not contain as much nutriment as a mouthful of meat." We are inclined to regard this as a scientific quibble, and it does not in the least diminish our faith in beef essence as an unsurpassed form of nourishment.

## A CASE OF HERNIA OF LARGE SIZE.

By ELLIOTT COUES, M. D., U. S. A.

The accompanying photograph represents a remarkable case of hernia at present under the care of my friend, A. A. Surgeon ENSOR, U. S. A., in charge of the Freedmen's Hospital in this place. The patient is a negro, æt. about forty, of moderately robust physique, and in the enjoyment of good health. He appears to suffer no inconvenience beyond that occasioned by the size and weight of the tumor, and is able to attend to ordinary avocations. The case has only recently come under observation, and I can give no further history of it than is comprised in the unsatisfactory and very likely inaccurate statement of the patient, which is to the effect that he was ruptured about four years ago, and that for some time afterward the bowel could be replaced. The condition of the parts has not perceptibly changed during the few months he has been in the hospital.



The surface of the tumor consists entirely of the greatly hypertrophied scrotum, with the exception of a swelling over the original site of the inguinal canal and abdominal rings. These are now obliterated, and the intestines descend through a nearly straight passage of considerable calibre, presenting no constriction in any portion of its extent. The length of the tumor is fourteen inches, and its greatest diameter about twelve. In general contour it is ovoidal or sub-

pyramidal, as shown in the annexed cut, which gives a better idea of its shape and general appearance than could be gained from any description. Its weight cannot be ascertained with any degree of accuracy. It is freely moveable about its centre of attachment, and when the patient is lying on his back, can be laid over either thigh, or held perpendicularly upside down.

With the exception of a few large swollen veins which ramify over it, the surface of the tumor is natural in appearance and feeling, though somewhat tense and smooth when the patient is erect, from the weight of the contents. The scrotum has enlarged chiefly on the right side, as is evidenced by the position of the median raphé. This is discernible, (though not shown by the photograph,) pursuing a somewhat tortuous course high up on the left side, from the apex of the prepuce round to the perineum. The penis is almost obliterated, only appearing as a ridge high up in the scrotum, and a little to the left. The glans cannot be exposed, being buried within the prepuce, which is continuous with the skin of the scrotum. The preputial orifice (appearing in the photograph as a small black spot) is to all appearance a simple opening in the scrotum itself. One testicle can be distinctly felt, high up and to the left. The position of the right one is doubtful; for though I have felt a hard body, which I supposed to be it, near the bottom of the tumor, it seems improbable that such an excessive elongation of the cord should have taken place.

The hernia was probably in the beginning an oblique inguinal one, though this cannot be positively affirmed, since the dilation and disarrangement of the parts preclude an accurate diagnosis. The opening is now direct, or nearly so, from the abdomen into the scrotum; there is no constriction on any portion of its extent, and no obstruction to the passage of the contents of the bowels. The hernia fills the scrotum, and presents the ordinary characteristics on manipulation; and the impulse given it by coughing is distinct. Repeated attempts to reduce it by the taxis have failed, doubtless in consequence of extensive adhesions between the intestines and the scrotum.

*Post Hospital, Columbia, S. C., June* 6, 1867.

—— It is asserted that several physicians in Indianapolis, who have heretofore been considered respectable, have been arrested on the charge of procuring abortions, and warrants have also been issued for the arrest of others.

Pillory them, and cast them out!

## CONTRIBUTIONS TO TOXICOLOGY.

By P. H. Vander Weyde, M. D.,

Late Professor of Chemistry and Toxicology in the New York Medical College.

### No. 6.—Vapors of Metallic Mercury.

The injurious effects of these vapors on animal life and the symptoms produced are sufficiently known to the profession. Plants suffer by it even more than animals. The breaking of a mercurial thermometer and the spilling of the mercury on the floor of a hot-house has often caused the death of a number of plants. Some chemists in Holland experimented as early as 1797 on this subject, and proved that the fatal effects were only to be counteracted in two ways: by sulphur, which absorbs the vapors, forming a non-volatile sulphuret, and by covering the mercury by water, which prevents all evaporation entirely; in fact, water has been found impenetrable for mercurial vapors. Boussingault has lately repeated and verified those experiments, and reported the results last May, at the French Academy. He found, however, that notwithstanding gold leaf was not visibly affected by the vapor of mercury when sulphur was present, a delicate balance showed some increase in weight. Growing plants are no preventive against the injurious effects of the vapor, as has lately been asserted. Their vitality is too rapidly interfered with, and they soon cease to absorb the vapors. Iodized silver plates attract the vapors very powerfully, provided they have been exposed to the light. When kept in the dark, they do not attract any mercurial vapor, except at a higher temperature, (150° F.,) as every daguerreotypist knows. Their action extends, however, only for a short period of time. Flowers of sulphur spread through the cracks of the floor when small globules of mercury are suspected to be present, is the best preventive against its injurious effects. It is also advisable to remove from between the cracks all the mercury that can be got at; a narrow strip of common sheet tin is the best, as every particle of mercury it touches will adhere to it, forming an amalgam of tin and mercury, from which any excess of mercury is easily removed.

The symptoms of poisoning with metallic mercurial vapors are either salivation, sore gums, and eruptions, or paralysis, giddiness, etc. The first class is easily cured by chloras potassæ, gr. v. ter die. The second class (palsy) is not so easily managed; iodine and hydrated protosulphuret of iron have been recommended. Sulphur and sulphuret of potash externally and inter-

nally, in moderate doses, I found of some benefit when persevered in for some time.

## CASES OF CHLOROSIS.

By James B. Burnet, M. D.,
House-Physician, Bellevue Hospital, N. Y.

*Case* 1. Catherine Smith, 22 years of age, single, and a dressmaker by occupation. She is very pale. The inside of her eyelids and of her lips partakes of the paleness of the external surface. The pulse is quick. There is an opacity in the cornea of her right eye, and her vision is somewhat darkened, but she can see pretty well at times. She says she feels sick in her head and chest. The pain in her head has lasted for the last week; is always on the same side (the left side), and extends to the back of her neck. She cannot rest at night, on account of this pain. She had this same pain about six months ago, lasting for three weeks. Her hearing is good. Whenever she stoops to the floor, she has a swimming in her head. She also experiences a pain in the epigastrium, which comes on about two hours after eating, at which time she throws up her victuals and then feels relieved. The food thus thrown up is unchanged in its nature. Constipation troubles her greatly, and sometimes she will go a week without an evacuation from her bowels. She has never had a cough, but is troubled with shortness of breath, and both breast and limbs are affected while going up a stairway. No menses have appeared for six months, but she always has long intervals, sometimes going as long as six months without them. When she menstruates frequently, she is very ill. Once, after being absent for nine months, the menses came on and lasted for ten days, at which time she was afflicted with great pain, weakness, and faintness. There is no trouble in her skin. She perspires a good deal. Her pulse is 120, soft, full, and perfectly regular. There is no swelling of her feet. She has been engaged at sewing since she was twelve years of age, from 8, A. M., to 11, P. M., each day. She takes little, if any exercise. Her nourishment is imperfect, and her muscles soft. Over the base of the heart a loud systolic murmur is heard, which is transmitted along the arch of the aorta and its arteries in the neck.

*Diagnosis.* Chlorosis, and the cardiac murmur, one of mere anæmia.

*Treatment.* Carbonate of iron, two grains three times a day; good nourishment, and plenty of exercise in the open air. For her constipation, one pill after each meal, of the following prescription, if necessary:

℞. Ext. aloes,
Ext. hyosciami, āā ʒss.
Ext. nuc. vom., gr. vi.
Olei anisi, gtt. v. M.

Ft. pil. no. xxx.

Under this treatment, the heart murmur disappeared, and she rejoiced in a state of perfect health once more.

*Case* 2. Eliza Jane Young, aged 19 years, a native of New York State, single, and a paper-box maker by occupation, came into Bellevue Hospital on Oct. 4th, 1866. Of herself she gave the following history: mother died of phthisis; father is still living and healthy. She is an only child. She has always been a perfectly healthy girl up to February, 1866, when one night, while attending the wedding of a young lady friend, and without having undergone any particular previous excitement, without the slightest warning, she suddenly fell to the floor in a convulsion, and remained in an unconscious condition for three weeks. Gradually her senses returned, and then she came to Ward 21 of Bellevue Hospital, and for three weeks she was under the care of Dr. Edgerton, one of the House Physicians. She at this time complained of a severe pain in the epigastrium, which was so intense as to altogether prevent sleep, it being worse at night. She also was afflicted with persistent vomiting, but this was cured, as was also the severe epigastric pain, by a large blister. The vomiting and localized pain have never reappeared. When she had the convulsion at the party, she does not know whether she frothed at the mouth, but her tongue and the insides of her mouth were very sore after the attack. In three weeks she left the hospital, returned to her accustomed occupation, and has remained in perfect health up to three weeks ago. Never had a cough; never spit any blood; never had any pain in her chest. Menses made their appearance for the first time when she was fourteen or fifteen years of age, and have always been regular, coming on every month, with no pain. She loses a moderate amount of blood at each period, the flow lasting for from four to seven days. She has been used to working from 7, A. M., to 6, P. M., and has been in the habit of passing many of her nights at balls, parties, and on moonlight excursions thus obtaining but little sleep. She was particularly fond of partaking of cake, pie, coffee, and tea, but seldom ate meats or vegetables. Her appetite was capricious. Three weeks ago she was obliged to relinquish her occupation on ac-

count of a violent headache, which was constant, and on account of physical weakness, which became so great that she could not walk without support, or stand without assistance. She remained in bed till she was admitted to the Hospital, and then was so weak that she had to be carried to the ward. When admitted, she presented the following appearances: Face and lips very pale; hands and feet below the temperature of the rest of the body, which was normal; pulse weak and 76 in the minute; tongue slightly coated; lungs healthy; heart apparently healthy, but its sounds were feeble; liver normal in size; head was aching violently; bowels were costive, she generally going three or four days without a passage, and sometimes two weeks. Has been troubled with constipation for a long time. Is occasionally troubled with muscæ volitantes. No prominence of the eyeballs, and no enlargement of the thyroid gland. Is not nervous.

*Diagnosis.* Chlorosis.

*Treatment.* Citrate of iron and quinine, and for her constipation pills of aloes, belladonna, and nux vomica.

Oct. 7th, 3.30, P. M. Feels much better. Headache has disappeared. Only complains of weakness.

Oct. 8th, 7, P. M. Has a chill on her. She now tells me, for the first time, that she had a chill yesterday. Has just vomited her supper.

Oct. 9th, 7.30, A. M. Feels better.

Oct. 15th. Doing very well. Appetite good, color returning.

* * * In a few weeks she was discharged well.

*Remarks.* The functions of the body in chlorosis are performed in a pathological, and not in a physiological manner. All the secretions are imperfect. When the blood is not properly enriched, it rushes more rapidly than usual into the varions organs, and this gives rise to the swimming in the head, so often complained of by these patients, when any exertion is employed. These persons are very sensitive to the cold, because the heat-making function is below the healthy standard, and on this account they need warm clothing. This disease leaves the door open for many other diseases. The gastric juice cannot be properly formed when the blood is so poor, and consequently dyspepsia is often present. There is no use for menstruation, as there is no surplus of blood to be thrown off, and amenorrhœa is the rule. The constipation in our first patient depended upon her sedentary life and bad nourishment. Men rarely have this disease. Sometimes it comes on very insidiously, and sometimes is hereditary. Often we have to content ourselves without knowing the cause. Of course, we can hope more for a case when the cause is known. In these cases, a guarded prognosis should always be given, as the patients are particularly prone to serious disease. Typhus fever coming on in these cases is particularly fatal. In the *treatment*, our first care must be to find out what is wrong about our patient, and to correct that. These patients should be watched for many years. They should live much in the open air; eat the most nutritious articles; regulate their excreta; bathe every day in a salt bath, and rub their skin with hair-gloves. Their clothing should also be carefully attended to, and their exercise should be regulated according to their powers of endurance. Horse-back riding is generally very beneficial. Too much attention cannot be paid to these apparently little points of treatment. Some preparation of iron should be given. Of the many preparations now in use, a favorite one with Professor B. W. McCeeady, Visiting Physician to Bellevue Hospital, is the *lactate of iron.* Some cannot take iron, and then some preparation of manganese should be given, or weak natural mineral waters. The sub-carbonate and oxide of manganese have been chiefly employed. In summer it is well for the patient to visit the mineral springs. The following is a good and simple recipe, especially for poor people, and for those living in the country.

*Prescription.* Take a gallon jug; put into it two handsfull of ten penny nails, and eight ounces of good cider vinegar; cover this with water, and let it stand for two days; then shake it and fill it up with water. Take with each meal, while eating, a small wineglass full, about one ounce, of this water. As the jug becomes empty, fill it up with water, shake it well, and thus it will last for some months. Organic disease of the heart is often suspected in chlorosis, as præcordial pain is almost always present, and oftentimes a cardiac murmur. As the differential diagnosis between organic and inorganic heart murmurs is a subject of very great importace, we refer the reader to the subject as treated at length in Professor Austin Flint's treatise on "Diseases of the Heart."

—— Dr. J. Marion Sims, a native of South Carolina, for many years a resident of Mobile, Ala., New York city, and more recently, of Paris and London, has contributed $1000 in gold to the destitute of his native State.

# Hospital Reports.

Pennsylvania Hospital,
*February 13th*, 1867.

## Clinic of J. M. Da Costa, M. D.

Reported by Dr. Napheys.

### Low Fever and Enlargement of Spleen.

Jas. E. K.. æt. 20; admitted Feb. 9th; native of England, came to this country two months ago. Always enjoyed good health up to beginning of present attack. About two weeks before admission, he found himself getting weak, and at the end of about seven days from the time he noticed a decided falling off in general strength, he became quite sick, and was obliged to go to bed. Very soon after this a slight diarrhœa made its appearance, and there was some epistaxis. Since he has been in the hospital his mind has been rather dull, he has answered questions slowly.

Very soon after his admission, it was observed that there was tympanitis, and that the spleen was slightly enlarged, but there was no pain on pressure on any part of the abdomen. On the 10th inst., his pulse was 104, respirations 32, evening temperature 102½, in the left axilla, and he had a slight cough. He has remained very much in this condition ever since. His expression is fixed and vacant. If asked a question, he will answer, and then relapse into the same vacant stare. He has no headache; pupils about normal. His mind cannot be said to be now very dull, though it is somewhat sluggish. When spoken to, he at once seizes hold of the idea desired to be conveyed to his mind, and answers more quickly than is usually the case in low fevers. Tongue dry, and coated in the centre with brownish coat. It is protruded tremulously, thus indicating deficient nerve-force. He has sordes on the gums, more marked on the lower than the upper.

To-day his pulse is very much less frequent than yesterday, being only 84. It was 104 when he was first admitted. This change has not been produced suddenly. From the 10th inst. to the present time the reduction has been gradual. Respirations now 30. This frequency of the respiration, as compared with the pulse, indicates that there is something more than the accelerated respiration which could occur in a fever or with an otherwise quickened pulse. The local cause is found on examining the chest. Although the lungs sound anteriorly clear, there is impaired resonance on percussion at the back of the right lung, with feeble breathing and some râles; in other words, there is considerable pulmonary congestion without pulmonary inflammation. If there were distinct inflammation, instead of feeble murmur there would be a harsh, well developed, or bronchial sound. The heart sounds are feeble, but not otherwise abnormal.

On examining the abdominal symptoms, that which is first noticed is that the belly is rather distended. It is not a high degree of tympanitis, but still it is sufficiently marked to be noted as such. The dulness on the left side, so evident, is clearly due to enlargement of the spleen, which is very much increased in size in the direction of the longitudinal diameter, the dulness on percussion reaching the very lowest portion of the abdomen. There are some spots very profusely scattered over the chest and abdomen, which disappear on pressure. Some are also perceived on the thighs. They are rather coarser than the typical typhoid fever spots, and more diffused, resembling them, however, in being isolated, disappearing on pressure, and in being most plentiful on the chest and abdomen. Deep pressure produces some pain in the right iliac fossa, still it is not a marked symptom of the case. He has had, off and on, slight diarrhœa.

This is a case of low fever, rather peculiar in the coarseness of the eruption, and thus kindred to some cases of typhus we encounter. It is, however, more particularly interesting on account of the very marked enlargement of the spleen which is present. There is but a small amount of enteric disease, as is shown by the comparatively little diarrhœa and the want of activity in the intestinal symptoms. It would seem as if the poison had directed itself more to the blood, had led to congestion of the lungs, and had kept comparatively clear of the brain and intestinal tract.

In treatment, this man has been sustained, but not stimulated. The difference is an important one. It is well to sustain a fever, but, I think, bad practice to stimulate too early. The danger at the present day is of running into the extreme of giving stimulants before they are indicated. So long as the pulse is steady or decreasing rather than increasing in frequency, there is no necessity for any marked stimulation. This patient has had plenty of milk and beef-tea, but only a very moderate amount of stimulus. A little milk-punch was given him when he came in, but it has not formed any marked feature of the treatment. If debility should come on, if the pulse should become more frequent and feeble, then resort will be had to stimulants.

The patient has been taking eight grains of quinia daily, with five drops of nitro-muriatic acid four times a day. In low fever, the mineral acids are not only grateful to the patient, but they tend to restrain diarrhœa and aid the digestion of food.

In this case the pulmonary congestion forms too strong an element to be overlooked. Turpentine stupes and dry cups have been employed at the back of the lungs.

The prognosis is favorable. Yet sometimes cases of typhoid fever with slight abdominal symptoms go on to perforation. In the extent of the eruption there is an unfavorable element, showing, as it does, that the blood is extensively implicated. Still, striking the balance, the man will probably steadily, though slowly, convalesce.

### General Dropsy connected with Disease of the Pericardium.

Patrick H., æt. 27. Admitted into the hospital October 23d, with the history that he had always enjoyed perfect health until the previous June. While then engaged in stone quarrying, he was seized with an acute pain in the right

side and front of his chest, associated with difficulty in breathing. He continued to work, however, until one week before admission, in spite of the dyspnœa and pain at the lower portion of both sides of his chest. When he came into the hospital, it was found, on inquiry, that some time previous to his admission, he had œdema of the feet, which was in truth but part of general œdema, for portions of his lower limbs were swollen, and there was puffiness of the face. There were also found evidences of fluid in the abdominal cavity, and of double hydrothorax. What troubled the man most was the great difficulty of breathing and frequent hacking cough. Venous congestion of the entire surface was also perceptible. Pulse was very infrequent, bowels inclined to be constipated, urine contained no albumen at that time, nor has it up to to-day. There is no history of intemperance, no signs of hepatic disease, nor any evidences of tubercular history.

He has remained much in the condition described, excepting that it has been noticed lately that he has had rather less dyspnœa, and his feet have been on the whole less swollen. His lips are bluish, and he still says that the symptom which most troubles him is the difficulty of breathing. As a rule, he is found propped up in bed, being unable to lie down. Respiration 32, in the erect posture, and pulse 132 and feeble in character. Œdema of the leg still persists, ascites now is very marked indeed, even more so than it has been for a month and a half, but there is no pain on pressure. Liver dulness is not increased, indeed the dulness of the liver barely extends to the lower ribs. Splenic dulness marked, but as it does not extend below the ribs, it cannot be said to be distinctly increased. There is a very peculiar kind of dulness over the cardiac region; it is pyramidal in shape, and significant of fluid in the pericardium. The impulse beat is very feeble and indistinct, and is noticed one inch below the nipple, and not at the lower portion of the dulness, the heart is, therefore, rather tilted upward. Auscultation shows the heart sounds to be extremely feeble at the lower portion of the cardiac region, but quite distinct at the base of the heart. This association of physical signs leaves no doubt as to the existence of pericardial effusion. The peculiar kind of dulness—narrow above, broad below, the apex beat, not at the lower portion of the dulness, but even higher up than is perceived in the natural condition, the feeble character of the impulse, the feebleness of the heart sounds below, and their distinctness above, where the fluid is not present, all point to pericardial effusion. There was at one time, and there is still considerable pleural effusion, particularly on the right side. The posterior portion of the chest is distinctly resonant at the upper portion, but becomes flat on approaching a level with the angle of the scapulæ, where there is an effusion in both pleural sacs. The vocal fremitus is absent on the right side, almost absent on the left, and the voice is very indistinctly transmitted to the ear, while the respirations are feeble, almost absent—the evidence of hydrothorax in both pleural sacs. Thus the case is seen to be one of pericardial effusion, double pleuritic effusion, ascites, and œdema of the legs.

The patient is now taking compound spirits of juniper and a mixture containing tincture of the chloride of iron and solution of acetate of ammonia. His bowels are kept soluble by compound jalap powder, and nearly every evening dry cups are applied over his kidneys.

# Medical Societies.

## BALTIMORE MEDICAL ASSOCIATION.

*Meeting of April 29th*, 1867.

Reported by J. W. P. Bates, M. D.

### Bromide of Potassium—Continued.

Dr. Arnold. It is well known that this has been used in place of the iodide, and many therapeutical writers propose it as a substitute. It produced good effects in tertiary syphilis. It had been given in very large doses and for a long time, and it is strange that its anodyne and sedative effects were not noticed. It is somewhat difficult to classify this remedy. The physicians in La Pitiè found that they had to give it in large doses and for a considerable time, to produce its physiological effects, yet now the journals tell us a few grains will produce sleep. I still believe its effects are the same as the iodide. I have not found the least anodyne effects. I have given it in asthma and hooping-cough; no good effect from it in the first, but in the last, I think it gave some relief.

Dr Kinmemon. The same discrepancies exist in regard to this remedy that are found in regard to the use of nearly every article of the materia medica. Some say it is almost a specific in epilepsy. We must know the pathology of this disease before we can learn anything in regard to its treatment. It has been used in hysteria, and even expected to cure when there is disease of the uterus.

Dr. Jones. I referred, at the last meeting, to two cases of spasm of the glottis; both were completely relieved. I think the spasm was dependent upon some irritation seated in the spine, and probably pressure on the laryngeal nerve. I have found this remedy a good one in the treatment of hooping-cough. I think it is an arterial sedative.

Dr. Helsby. One point I would like to call attention to. We have had numerous cases related, but there has been no explanation of its action. Is it an arterial sedative, like tartar emetic or veratrum viride? I would like to hear something about its mode of action.

Dr. Fay. A gentleman connected with the New York Institute for Idiotic Children, told me that it has been used with good effect in that institution, as also in insane asylums. I would ask Dr. Tanneyhill whether it has been used in the Maryland Hospital.

Dr. Tanneyhill. It has been used extensively at the hospital, but there is some empiricism in our use of it. We have about seventy cases of

epilepsy in that institution, in six cases of which I kept notes. I can say the disease was kept in check in four, and they had no convulsions or other symptoms of epilepsy. In twelve cases of masturbation, ten were cured so far as they can be cured by medicine. It entirely unsexed them. We use grs. x. ter die, and after the subsidence of the paroxysms, use it in gr. iiss. ter die, as a prophylactic. In general insanity, characterized by high maniacal action, we had some little success. No success with it in delirium tremens.

Dr. ARNOLD. Dr. TANNEYHILL'S experience in the hospital corroborates my experience in private practice. With regard to its effects on the genital organs, they coincide with those of iodide of potassium, and it seems to me to be a kindred medicine. In regard to the theory of its action, facts at the bedside go before theory. TROUSSEAU classes angina pectoris, laryngismus stridulus, asthma, certain cases of gastralgia, hysteria, and epilepsy in the same genus. Drs. RADCLIFFE and JONES give a number of these cases, which seem to be different species of the same genus and mutually interchangeable. I have never seen any of the sedative action of this drug on the heart. Of the large number of drugs administered empirically, theories have had their day of fashion. As our knowledge advanced, these theories have been changed. In the use of remedies we are bound to rely entirely on their clinical histories. Who can tell the action of calomel, iodide of potassium, quinia, etc.? If we relied less on theory, and more on rational empiricism, we would do much better. The chemical remedies and hypophosphites have left us in the lurch. The system is not merely a chemical laboratory, but it is that *plus* something more.

Dr. JONES. It is hard to find out the action of any medicine. I used this in a case of bronchitis, with flushed face and palpitation of the heart, which subsided very soon afterward, and therefore I reasoned that it acted on the heart and arteries. It does not depress like tartar emetic.

Dr. HARTMAN. Dr. BROWN-SÉQUARD did not attempt to give its mode of action. It has been recommended in the newspapers as a corrective of blood poisons, as scarlatina, diphtheria, etc., but I doubt its applicability.

Dr. TANNEYHILL. There was a case of hydrophobia, occurring in Indiana, which was reported as having been cured by the bromide. As I happened to be in that State at the time, I went to the town where it occurred, and I can positively say that the patient was not cured, but died a day or two afterward.

Dr. WILLIAMS. We cannot explain the *modus operandi* of any medicine. We can ascertain the organs and tissues upon which it acts. We can put this under the head of nervines, because its effects are felt principally on the nervous system. Whenever we have any organic lesion, it has no beneficial effect. It is good in functional nervous diseases from any cause. In epilepsy it cures when not dependent upon organic lesion. Good in hooping-cough and spasmodic croup. Is it sedative, tonic, or stimulant? When we settle this question we can classify it. Sedative and stimulant are relative terms, as sometimes the same medicine will act one way, and sometimes the other. It will either excite or depress, according to the condition of the nervous system. How else can we explain the action of coffee, which at one time will produce insomnia, and at others act as a corrector of alcoholismus? I think this is a nervous tonic. Almost every case is improved in the general symptoms, as appetite, strength, etc. I cannot consider it a sedative, for it is valueless in inflammation, except when there are nervous symptoms to be relieved.

Dr. HELSBY. There is a striking analogy between the action of this drug and digitalis. The latter was formerly considered a sedative, but now it is called a tonic to the heart. It would be interesting to inquire whether the action would not be the same in hysteria, and whether it is not a vasa-motor stimulant, the same as bromide of potassium.

# EDITORIAL DEPARTMENT.

## Reviews and Book Notices.

### NOTES ON BOOKS.

We have just received from FERDINAND ENKE, in Erlangen, the fifth number of the first part of the fifth volume of the *Handbuch der Speciellen Pathologie und Therapie*, edited by Professor VIRCHOW. Few American readers are aware of the completeness and value of this truly national work. It is intended to embrace the entire field of practical medicine, and to be composed of a series of monographs by the most celebrated clinical teachers of Germany, the whole to be arranged and published under the supervision of the distinguished VIRCHOW. The first volume appeared in 1854, and the conclusion is still at a distance. A mere enumeration of the writers and the topics already treated of will illustrate its high character. The first volume contains an introductory treatise, by Professor VIRCHOW, on the General Disturbances of the Nutrition and the Blood, and monographs, by Dr. VOGEL of Halle, and STIEBEL, of Frankfurt, on the blood disorders (gout, rheumatism, pyæmia, rachitis, scurvy, etc.) In the second volume the important clinical poisons and contagions (lead, mercurial, arsenical, alcoholic poisoning, hydrophopia, syphilis, gonorrhœa, etc.) are discussed by Professors FOLCK, VIRCHOW, and SIMON; and malaria, yellow fever, typhus, cholera, etc., by GRIESINGER, of Tübingen. The famous HEBRA, of Vienna, occupies the whole of the third volume with his treatise on the Acute Exanthemata and Diseases of the Skin. Professor HASSE, of Heidelberg, contributes to the remaining volumes an

admirable portion on Diseases of the Nervous System; Professor Wentrich, of Erlangen, writes on Diseases of the Respiratory Organs; Professor Friedreich, on Diseases of the Larynx and Trachea; Professor Lebert, on Diseases of the Blood, and Lymph-Vessels; Professor Biermer, on Diseases of the Bronchia and the Parenchyma of the Lungs; Professor Bamberger, on Diseases of the Chylopoietic Viscera; and Pitha and Veit on the Diseases of the Genito-urinary Organs. Every topic is treated in the most complete manner, and each article is preceded by an exhaustive bibliography of the subject to be discussed. The therapeutical indications are most judicious and rational, and we cannot too urgently commend this great work to the profession in America, to that portion of it at least conversant with the German language. The same publisher issues a Handbook of Surgery, on the same plan, under the editorial supervision of Professors Pitha, of Vienna, and Billroth, of Zürich.

The later medical publications in France, which have appeared, are Dr. S. Guirette's "Cure of Tubercular Pulmonary Phthisis by Pulmonary Gymnastics;" J. H. Magne's "Report on the Progress of Veterinary Medicine during the last Twenty-five Years," a valuable report, prepared by order of the French government; Dr. De Monfumat's "Studies on Polypi of the Uterus," and Dr. M. Martin's "Lessons on Paracentesis Thoracis," comprising clinical lectures on this operation delivered at the Hôpital Beaujon.

In Great Britain there have recently been issued Dr. Fox's "Diagnosis and Treatment of Dyspepsia," the 45th volume of Dr. Ranking's "Abstract," and a Supplement to Dr. Jackson's Materia Medica.

The American Medical press is rather dull. Dr. Henry Maudsley's "Physiology and Pathology of the Mind" has appeared in New York City, and of announcements we may specify as of professional interest Dr. R. Bartholow's "Principles and Practice of Disinfection," and two little books by Dr. P. H. Chavasse, entitled "Advice to a Wife on the Management of her own Health," and "Advice to a Mother on the Management of her own Children."

The first number of the "Quarterly Journal of Psychological Medicine and Medical Jurisprudence" has come to hand. It is edited by Dr. W. A. Hammond, and is in clear type on excellent paper, containing 160 pages. Price five dollars a year. It contains three original articles, all written by the editor, one on Instinct, a second on Merlin and his Influence on English Character and Literature, and a third on Organic Infantile Paralysis. It may be asked what Merlin has to do with psychological or forensic medicine. We confess to some hesitation in replying. If that personage is introduced either as an example of the effects of mental disease on the individual (Dr. Hammond thinks he had cataleptic seizures!) or as an illustration of the power a mythical history exerted on English national psychology, we consider the choice unfortunate. Apparently following Hersart de la Villemarqué, the writer distinguishes the mythical Merlin from the real (historic) Merlin. But in fact the whole story of King Arthur, his court, and his court bard, belongs rather to mythology than history. The Dialogue with his sister, quoted by Dr. Hammond as authentic, has been rejected as false by Sharon Turner and most other critics, Arthur himself was but a Welsh subaltern from the coast of Cornwall, and as historic incidents all that has been said and sung of him by so many bards is based on the flimsiest of foundations. Only as a pure mythus does his story deserve attention, and even in this light it is not the best nor the most illustrative example. The selections are chiefly from the English journals, one of them on the Aberrations of the Sexual Instinct, full of illustrations derogatory to American life, drawn from W. H. Dixon's "New America," a book scandalously false in inferences, if not in facts. What will the "true hearted band of female physicians" say, when they read in this article that all their devotion to the healing art is but one of the many aberrations of their sexual instincts?

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**The Land of Thor. By J. Ross Browne. Illustrated by the Author. N. Y.: Harper & Bros. 1867. 1 vol. 8vo. pp. 542. *Price*, $2.00.**

These entertaining travels in the far north, in Russia, Finnland, Norway, and Iceland, are delightful reading. The sketches are humorous to a degree, and those of natural scenery and localities, correct and vivid. In a very pleasant manner much real and satisfactory information is conveyed to the readers, and none will regret the money invested for the purchase of the volume. We predict for it a wide circulation.

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**An Elementary Treatise on American Grape Culture and Wine making. By Peter B. Mead. Illustrated with nearly 200 engravings drawn from nature. N. Y.: Harper & Bros. 1867. 1 vol. pp. 483.**

We gladly welcome this eminently practical book on a branch of agriculture destined to be of great importance in our country's future. The topic is one in which our profession has a double interest, both as custodians of public health, and in a certain sense of public morals. *Pure* wines

are a standing desideratum. The author treats of planting, training, and propagating the vine, and of the diseases and insects to which it is exposed, while the art of wine making is discussed in a lucid and instructive chapter at the close. Of all the American wine grapes the Iona is given the pre-eminence, and after it in their order the Delaware and the Diana. We recommend the work as the best that has appeared on the subject, and indispensable to the American vinyardist.

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**Essentials of the Principles and Practice of Medicine. A Handy-Book for Students and Practitioners. By HENRY HARTSHORNE, M.D., Professor of Hygiene in the University of Pennsylvania; formerly Professor of Practice of Medicine in the Med. Dep. of Penn. College, etc. etc. Phila: H. C. LEA. 1867. 1 vol. 8vo. pp. 417. *Price*, cloth $3.00, hlf. bd. $3.25.**

In a previous number of the REPORTER we have aleady adverted to this excellent little synopsis of Practice. None better is in the market, and every student who proposes attending lectures next winter will do well to provide himself with a copy. The busy practitioner, too, will find it a valuable *vade mecum*, containing many a hint and suggestion derived from a wide experience, and careful study of medicine.

We have, however, noted a few errors in looking over its pages, such, perhaps, as are unavoidable in a work of such scope and such succinctness, some of which, though not detracting much from its general usefulness, it seems proper to point out. One of these is the character given to PARACELSUS in the introduction. He is styled "the arch-quack," and is yoked with "CAGLIOSTRO and the old women." Nothing could be further from the truth. PARACELSUS was to medicine what his cotemporary LUTHER was to theology, what DES CARTES was to philosophy,—the great reformer, who amid the howls, and sneers, and revilings of rivals, broke the shackles of tradition and authorities that had debased medical science to ignorant, unreasoning routine. He it is, to whom is due the honor of starting it on that brilliant career which it still pursues, and it grieves us to hear the calumnies of his enemies, long since triumphantly refuted by HAESER, MARX, and others, repeated to new generations of students.

In the varieties of asthma (p. 130), the author includes the disease sometimes called *hay-asthma*, but the incorrectness of this term was pointed out by Dr. PHŒBUS in his monograph on that complaint, published in 1862. In *summer catarrh*, as it was first named, asthma is only one of half a dozen groups of symptoms, is not the most prominent, and in fact is often entirely wanting. The appellation is a misnomer, and the complaint should be treated of separately.

On page 258 the grammatical slip "mumps is contagious" occurs, and later in the book, in the treatment of burns and scalds, no mention is made of the topical application of nitrate of silver, which has been so successful in various cases in the English hospitals. We have been well pleased with the accuracy in the proof reading, with the 243 judicious formulæ appended, and with the completeness of the index, points readily appreciated by all readers.

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**The Last Chronicle of Barset. By Anthony TROLLOPE. With illustrations by GEORGE H. THOMAS. N. Y.: HARPER & BROS. 1867. 1 vol. 8vo. cloth $2.00, paper $1.50.**

**Raymond's Heroine. A Novel. N. Y.: Harper & BROS. 1867. 1 vol. 8vo., paper, 50 cts.**

These two works of fiction included in HARPER'S Library of Select Novels, are above the average of their class. Mr. TROLLOPE has surpassed himself in some of the scenes in the Chronicle, and the cuts which are interspersed are very creditable. The latter is a late English production, published anonymously, and has received the highest encomiums from the London press. They are both unexceptionable in their moral tone.

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### The Mecca Pilgrims.

The pilgrims of Mecca have so much to do with the occasional introduction of cholera into Europe, that we are accustomed to watch their movements with some interest and no little anxiety. It is, therefore, satisfactory to learn that this year the pilgrimage has been attended with more favorable results than usual. Intelligence from Suez states that 8,847 pilgrims had arrived, and that, owing to extreme sanitary measures, not a single death had occurred. The pilgrims from Jerusalem are returning, a Russian steamer, the Vladimir, having brought no fewer than 850 to Constantinople.

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### A Curious Chemical Observation.

BECQUEREL, senior, has found that chemical decomposition and combination take place actively and with peculiar results, between two solutions connected by an inappreciable fissure, or watertight joint. A tube with such a fissure in its bottom, being filled with a solution of nitrate of copper, none of the liquid pours mechanically; but on immersing the bottom of the tube in liquid proto-sulphuret of sodium, an electrical action takes place, and a double decomposition and recomposition ensues, indicated by the appearance of crystals on both sides of the fissure, which are not always of the nature required by theory, but are modified by the capillary action of the surfaces.

Medical and Surgical Reporter.

PHILADELPHIA, JULY 27, 1867.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

## THE SEWERAGE OF OUR CITIES.

In a recent communication to the Mayor of New Orleans, Gen. Butler speaks of the advantages that city presents over most other cities in possessing a thorough system of surface drainage without being exposed to the evils resulting from drains and sewers "where filthy water, more or less stagnant, engenders gases which poison the air through the cesspools."

This is a very important consideration, and does not meet with the attention at the hands of our municipal authorities that its bearing on the sanitary condition of our towns and cities would seem to demand.

We know of no city in this country that possesses a properly constructed underground sewerage. Our sewers are generally small, badly constructed, and give out foul emanations at every street corner. A few years ago a portion of this city was rendered almost uninhabitable for a time by these disagreeable and unhealthy emanations. Aside from this faulty construction of our sewers also, the ground of all our towns and cities becomes saturated with the foul contents of the numerous privy wells that are not connected with the sewers, and the want of a system of public urinals, creates innumerable foci of deleterious emanations from every lane, alley, and quasi retired spot in the vicinity of our most frequented thoroughfares and popular promenades. To say nothing of the demoralizing influences of the exposure, and of the suggestive placard with which the eyes of the most refined and delicate are unfortunately too familiar, "Commit no nuisance here,"—the emanations from these foul spots, and the diffusion of unhealthy gases through the soil, from privy wells and other sources, must be anything but advantageous to the health of the community.

As an illustration of the evils liable to result from the permeation of the soil with the contents of privy wells, we would mention a circumstance that the late Prof. Chapman was wont to relate to the class with much zest, when speaking in his lectures of some of the popular fallacies connected with the therapeutic action of mineral waters. At the corner of Sixth and Chestnut streets, was located a town pump for the accommodation of the residents in the immediate neighborhood. In course of time it came to be known that the water from this pump had a peculiar sulphury odor and taste, and it became the resort of persons from all parts of the city, who desired to avail themselves of its healing properties. Domestic utensils of all kinds, shapes, and forms, were brought into requisition to carry home a supply in order to obtain the largest possible benefit from the use of the water from this fountain of hygieia. The neighbors were much annoyed by these continual draughts from their water supply, as the well was frequently pumped dry, and they were left without a sufficiency for household purposes. Luckily for them, however, but unluckily for the health seekers, some needed repairs to the pump or well, revealed the fact that the strong sulphurous odor and taste of the water was due entirely to the fact that the contents of neighboring privies were oozing through the walls into the well! The reactionary effect may better be imagined than described.

To be effective, our sewerage system needs great modification and improvement. It should be on a vast scale like that of London, and particularly Paris, where the main sewers constitute immense subterranean avenues, which are kept scrupulously clean, being frequently white-washed—and through which an army might pass from one section of the city to another. All the sewers of a city, whether large or small, should be kept perfectly clean, be well ventilated through elevated shafts, and there should be in them a free use made of lime and of disinfectants. Moreover, there should be thorough house-to-house inspection of drains, privy-wells, and cesspools, and the authorities should *know* that they all have a direct connection with a sewer, and that excreta are not allowed to accumulate in them, and permeate the soil and poison the atmosphere.

Which of our large cities will take the initiative in this matter of adopting and enforcing a thoroughly practical and useful system of sewerage?

## SURGEONS ON RAILWAYS.

We are glad to observe that there is progress in the development of the idea so persistently and ably advocated for several years past, by Dr. Edmund S. F. Arnold, of Yonkers, N. Y., of the appointment of surgeons by railway companies, whose special duty it will be to attend promptly and faithfully to all persons who may be injured on or by cars. The railways centering at Pittsburgh, in this State, have adopted this plan, as, we believe, a number of others have done.

# Notes and Comments.

### The British Medical Journal.

This, one of our most valued exchanges, begins a new volume with the number for July 6th, and is enlarged and improved in typographical appearance. Indeed, its typography is a model of good taste. The *Journal* is the organ of the British Medical Association, and the medium through which some of the best medical minds of Great Britain communicate with the profession. It should be extensively circulated in this country.

### LL.D.

In alluding to this honorary degree, a correspondent has mentioned the name of our fellow townsman, B. FRANK PALMER, the inventor of the celebrated PALMER Limbs. The degree was conferred on Dr. PALMER by a respectable University, and we see no reason why he should not accept the compliment, and use the title. It must not be forgotten that a man may become sufficiently versed in the laws of nature, as well as in dry legal lore, to entitle him to the honor of the LL.D.

### A Poet made by Cholera!

It is among the possibilities, we suppose, that cholera may, in some mysterious manner improve the intellect. Apropos—*Le Monde* relates that a working man, well advanced in years, had a violent attack of cholera in 1865. Up to this moment he had certainly never manifested any literary ability, but after his recovery, he commenced to write poetry, and has already published quite a volume of poems. It appears, therefore, that poets may sometimes be made—by an attack of cholera, yet it is evident that there are many *soi disant* poets who might be recommended to put themselves in the way of a cholera epidemic, which, if it did not make good poets of them, might possibly unmake some poor ones!

### The Plague.

The *Levant Herald*, of a recent date, says: "The telegraph sends evil news from Bagdad. What is declared to be the veritable Asiatic plague has appeared at Kerbelah, on the Euphrates, and of the two settled Arab tribes, 1000 strong, whom it has attacked, a hundred have been carried off. A telegraphic report, dated June 4, from the quarantine inspector at Bagdad, states that whatever may be the real character of the malady, its symptoms are clearly those of the pest—typhus fever, glandular swellings, carbuncles, and livid spots on the skin. The inducing causes of the outbreak are supposed to have been the miasma following the late floods, the poverty, filth, and crowded state in which the people live. Prompt measures have been taken by the Bagdad authorities to prevent the spread of the malady, and, thanks to these and the heat of the weather, the outbreak is said to be already subsiding."

For some months past, we have had accounts of a disease which is prevailing in Dublin and its vicinity, which has some of the characteristics of the plague, and which has caused much uneasiness.

# Correspondence.

## FOREIGN.

### LETTER FROM EDINBURGH.

EDINBURGH, Scotland, July 8, 1867.

EDITORS MED. AND SURG. REPORTER:

Since I wrote to you from Glasgow, so many medical and surgical matters, comparatively new, have presented themselves to me, that I find it difficult to select any one subject, medical or surgical.

I have therefore concluded to give you a short account of the most important, including the treatment of *Acute Rheumatism*, by Prof. LEISHMAN, of Glasgow; of *Tetanus*, by Prof. WATSON, also of Glasgow; and the *Progress* here of *Acupressure*, first suggested, as you are aware, about seven years since, by Sir JAMES SIMPSON, of Edinburgh, and in the order in which I have named them; simply premising, that all I said in my last, on the *Use of Carbolic Acid in Surgery*, is more than substantiated here by the high testimony of Professors SYME, WATSON, and others of Edinburgh.

### Acute Rheumatism.

Prof. WILLIAM LEISHMAN, of ANDERSON'S University, and Physician to the Glasgow Royal Infirmary, showed me a case of acute rheumatism treated by him in the Royal Infirmary, by *blisters*, ten inches square, on each side of the chest, and also gave me an account of twelve other cases treated by him in the same manner, without medicines of any kind.

He stated to me, that having previously tried the method of treating such cases, suggested by Dr. DAVIES, of London, consisting mainly in blistering the affected joints, on the principle of "local elimination," he resolved, as the heart and other vital organs are so liable to become involved, to apply his blisters *on each side of the chest*, back of the nipples, usually ten inches square, or a little larger.

The results he hoped to gain, and which he thinks he has realized, are: a "fall of the temperature of the body; a diminution in the frequency, and an improvement in the character of the pulse; an altered reaction of the urine; and an early convalescence;" at the same time affording a very strong security against cardiac complications. In the treatment of the twelve cases referred to, he omittted medicines entirely, in order to be certain that the blisters were the efficient cause of the improvement and early convalescence. He thinks, however, that a combination of proper internal remedies, such as are ordinarily used, with the blisters, may finally prove the most successful treatment. And he also believes, from the result of his cases, that such a course of treatment will cut short acute rheumatism to about one-third of its usual duration, and at the same time offers a very great protection to the heart and other vital organs.

Prof. Leishman is a medical gentleman of high standing, having published, among other things, a popular work on the "Mechanism of Parturition." And his experiments were instituted, not to substantiate any particular theory, but simply to ascertain the best mode of treatment for this very unpleasant, and, on account of its cardiac complications, too often dangerous disease. I may also add, that the cases I saw, fully corroborate his statements in relation to the others reported by him. And I can readily see how, with my view of rheumatism, blisters to the chest, as made by Prof. Leishman, may also aid in the cure, by causing a removal of the cerebro-spinal congestion and irritation, as a blister to the epigastrium is well known to do in cerebral congestion and irritation.

### Tetanus.

Prof. Eber Watson, also of Glasgow, and Physician to the Royal Infirmary, has recently treated three cases of *tetanus* by the *calabar bean;* all successfully, one of which I saw, a boy about twelve years old, I should judge.

The dose of the bean, in substance, is one grain for an adult; of the tincture made from four ounces of the bean in fine powder to eight ounces of alcohol, it is twenty drops. I believe, however, that Prof. Watson used the *extract*, rubbed up with a little water so as to dissolve it, to which was added sufficient alcohol to make a tincture. To three grains of the extract, thus dissolved, sufficient alcohol is added to make an ounce. Of this, twenty drops may be given to an adult every hour, and in obstinate cases every half-hour, watching carefully lest its poisonous effects be produced. Prof. Watson is a medical gentleman of high standing; and I can only add that the case I saw fully justified the course of treatment pursued. It had been tried, however, as I ascertained, in the Royal Infirmary of Edinburgh, with less satisfactory results.

I may also add here, that Dr. George Rainy, of the Glasgow Eye Infirmary, and partner of the celebrated Dr. W. Mackenzie, uses a similar preparation of the calabar bean to contract the pupil when that is required. It is applied to the eye by means of a brush.

### Progress of Acupressure.

Notwithstanding the opposition to *acupressure* from various quarters, since its introduction by Sir J. G. Simpson, Bart., M. D., D. C. L., of Edinburgh, about seven years since, I believe, from all I can learn here, that this method of arresting hæmorrhage is becoming more generally approved, and it appears to me justly so.

When it is remembered that the same or a similar opposition followed the suggestion of Ambrose Paré, three hundred years ago, in relation to the substitution of the *ligature* for the *hot iron*, it is not strange that a slight opposition should thus have arisen to acupressure; especially as being a new process, it is very likely that it may have often been illy done, even by good surgeons; and if so, how must it have been with those less skilled? Thus, doubtless, in many cases causing the failures that have followed.

Sir James Simpson claims, as is well known, that acupressure will "yet be found the *quickest* and *easiest* mode of arresting surgical hœmorrhage," and that its use "would *accelerate* the healing of wounds."

That it is the *quickest* and *easiest* mode, in skilful hands, I am fully satisfied, whatever may be the opinion of others; and besides, while the ligature generally requires two persons for its application, no assistant is necessary for acupressure. The reason why Sir James believes that it *accelerates the healing* of wounds is the facility with which the needles are removed at an early period, without the necessity of suppuration of the ends of the arteries, as must occur when the ligature is applied, before its removal, as is evident. Sir James has an account of one hundred and thirty-seven examples of the application of acupressure successfully, in major operations, by Professor Pirrie, of Aberdeen University, of recent date. In about one-half of these cases, according to the account, union has taken place by adhesion, unattended "by a single drop of pus."

I saw a case in the Royal Infirmary of Glasgow, in which acupressure had been applied suc-

cessfully in an amputation at the shoulder-joint, by Prof. GEORGE BUCHANNAN, of ANDERSON'S University, and Surgeon to the Royal Infirmary. I also saw it applied by the same gentleman, in an amputation at the knee-joint, or rather a little above, as the condyles of the femur were taken off. He thinks favorably of this mode of arresting hæmorrhage, and so do many other eminent surgeons in Edinburgh and Glasgow, with whom I have conversed. And in relation to the high authority of Sir JAMES SIMPSON, I will remark, that highly as he is appreciated in Europe, America, and, in fact, every part of the world, I am convinced, after a transient stay in Edinburgh, during which time I have conversed with him freely on this and other topics of medical, surgical, and obstetrical interest, and have had access to his patients, both in his house and about the city, witnessing his examinations and hearing his prescriptions, that the opinions of Sir JAMES SIMPSON are far from being over-estimated anywhere. In fact, I am compelled to regard him, as well as Professors SYME and BENNETT, of Edinburgh, all of whom have treated me with the greatest politeness, kindness, and hospitality, as among the noblest specimens of humanity, an ornament to our noble profession, of whom it may even be a virtue to be proud.

I will only add, that I have explained, as I intended, to Sir JAMES SIMPSON the process by which I succeeded in successfully changing a *shoulder* into a *natural presentation*, an account of which I left with you for publication just before I sailed for Europe; and am happy to be able to say that it meets his high approval. I refer to the availability of the *position* suggested by Prof. T. G. THOMAS, of New York, for a reduction or replacement of prolapsed cords in changing a shoulder into a natural presentation, first resorted to, as I believe, by myself, in the cases referred to in the paper I left with you. Sir JAMES remarked that it was something near what he had thought of, but added, that I was *ahead of them* "in putting it in practice." He encouraged me to present it to the Medical Congress in Paris, and authorized me to say that it has his highest approval. He resorts to that position for replacement of the cord, but condemns the external manipulation as often suggested for changing presentations, on account of the difficulty or impossibility of it, and also the liability of producing hæmorrhage by detaching the placenta, should the cord be about the neck, objections that do not lie against my mode of changing shoulder into natural presentations, as he remarked.

Finally, I cannot well close this communication without referring to the satisfaction I felt on discovering, both in the Royal Infirmary of Edinburgh and also in CHALMER'S Hospital here, that what they call the "American mode" of extension in fractures, first put in practice, I believe, by Dr. SWINBURNE,* of New York, is not only adopted, but highly approved. The foot of the bed is raised, in fractures of the thigh, and so a foot-board of light pine, to which either a bandage or adhesive plaster from the limb is attached, a cord passing over a pulley suspending a weight making the extension; while the *position* serves for counter-extension, according to Dr. SWINBURNE'S plan. Professor WATSON, Surgeon to the Royal Infirmary, and also CHALMER'S Hospital, spoke of it to me in the highest terms. I pass on to-day to London, and should anything of interest, that is new and profitable, be presented to me, I will communicate it in accordance with my agreement to do so.

EDWIN R. MAXSON, M. D.

## DOMESTIC.

### Commencement in the Medical Department of Vermont University.

BURLINGTON, VT.

EDITORS OF MEDICAL AND SURGICAL REPORTER:

The ceremonies attending the annual commencement in the medical department of Vermont University the present year, were more than usually imposing and interesting. The meeting of the State Medical Society had been arranged with reference to the close of the Lecture term in the College, and the regular profession of the State was therefore largely represented, and participated in the proceedings.

At 8 o'clock, P. M., the procession, consisting of the medical faculty and students, and members of the Vermont Medical Society, after making a short march through the principal streets of the city, headed by an excellent band of music, entered the capacious City Hall, where a full and intelligent audience of citizens had assembled. The President and Faculty of the College, the officers of the Vermont Medical Society, and the Graduating class, occupied the platform. After an appropriate prayer by the Rev. A. J. WILLAN, of Burlington, the degree of M. D., was duly conferred upon the following gentlemen, who, we are informed, passed the rigid, critical, and thorough examination required by the College, with

[* Our correspondent might have added, "And first published in the MEDICAL AND SURGICAL REPORTER."—EDS.]

great credit to themselves, and with honor to their instructors:

C. L. Allen, Vermont; Stephen Bertrand, New York; Dudley Chase Blodget, Wisconsin; Juan Fernando Caslow, Pennsylvania; G. B. Cochrane, Vermont; Arthur John Darrah, Vermont; James Arthur Dow, New Hampshire; Charles Lovejoy Erwin, Silas Eaton Farnsworth, J. J. Hazen, Nelson Moore Harris, James Lewis, H. A. Martin, and Dudley Palmer, Vermont; B. Frank Page, New Hampshire; Truman Abel Pease, New York; Winfield Scott Phillips, Darwin Hall Roberts, Vernon Dudley Rood, Wm. Emmet Stewart, and S. Walter Scott, Vermont; F. A. Tillinghast, Connecticut; Dan. Peaslee Webster, South Carolina. Twenty-three in all.

This ceremony ended, President J. B. Angell addressed the class in a discourse, which was peculiarly earnest, polished and practical in tone; enlivened by apt and forcible illustrations, and delivered in his usual easy and graceful manner, without notes. The President's address was received with marked gratification on the part of the members of the profession, and the audience at large. No abstract can do justice to its manner or its matter; yet we avail ourselves of the brief abstract of it prepared for the *Daily Free Press*, to give our readers an inkling of its beauties and spirit. The address will probably be printed.

PRESIDENT ANGELL'S ADDRESS.

With a few graceful words of introduction, President Angell announced as his subject:

*The spirit in which a man should enter on and pursue his Profession.*

In considering this, he should confine his remarks to no one profession, for the duties of preacher, lawyer, clergyman and physician are in many respects the same, and should be performed in the same spirit.

*First.* He who adopts a profession should regard it as a *profession* and not as a *trade*. It should be to him not a mere routine of forms, not a mere means of livelihood, but a high calling, in which he may do noble service for mankind. There are quacks and mercenaries in all the professions. The teacher may teach as he would do some mechanical employment, with his eye only on the dollar. How different the spirit of the true teacher who teaches because God has called him to it, and given him the high power, (which he must have if really called to the work) of wakening *enthusiasm* in his people. The law student may read law enough to give him admission to the bar; but without conception of the high functions of law, which Hooker says has her seat in the bosom of God, and which has made society and government and progress possible. There are ministers who preach only for money or fame—fewer doubtless in this than in other lands,—but to be found in all. So also the medical profession is not without unworthy members. Fitted to develop the highest faculties, and one which has been adorned by some of the most gifted minds, it is also more cursed with quacks than any other profession.

*Second.* Realizing thus the true worth of our profession, we shall give more time to careful preparation for it. The academic training for it will be made broad. The standard of admission to it will be elevated, and after entering, the member of it will still work with his might, not despising the learning of the past, and striving to keep pace with the wonderful fertility and and progress of the present. Never were the practical sciences cultivated so successfully and with such good results as now, and no other science can make progress without bringing fruit for this of medicine. These fruits the true physician will make his by earnest study. He will bring to his daily work his best efforts, that he may be able to meet emergencies. The men who never fail are those who make careful preparation against critical moments, and no other profession presents more of such special occasions than this. As examples of the success which follows such zealous preparation, Mr. Choate and Mr. Webster were instanced. The latter's triumph in his great debate with Hayne was due to the most elaborate preparation. He in fact planned, fought and won the battle before it began, and fully prepared on every point, as did the great Conde before his greatest battle, he lay down the night before the contest and slept the sleep of the victor.

*Third.* Having this lofty conception of his profession the worthy member of it will enrich it by careful effort, that it may be more powerful and fruitful of good. The wonderful advance in medical science, and the importance of recent discoveries were here noted; and the duty of cultivating the *power of observation* was urged, in order to occupy and improve the widening fields of research.

Again the true physician will avoid giving his *entire* strength to his profession. He is first a man, and should be one of wide sympathies and generous culture. He should be larger than his profession.

*Lastly*, he should, in a spirit of generous self-sacrifice, employ his faculties so as to conduce to the best welfare of the race and to the glory of God. The tie between physician and patient is one of peculiar closeness. The physician of the body may often also be the physician of the soul, and should realize that in the exercise of this power he is responsible to God. Thus striving after the highest Christian manhood, our students will exalt the standard of the profession, and aid in lifting the whole nation to loftier heights of culture and of action.

The facilities for instruction in the medical department of the University of Vermont have been greatly increased within the past two years. A clinic is held regularly, on Saturday of each week, which is thronged with patients, and has

been under the charge of Prof. A. B. Crosby. This is a new feature, and adds great interest and profit to the instruction. Out of the cities there is no better place for the medical student than the city of Burlington, and the medical department of the Vermont University.

L. C. Butler.

*Essex, Vt., July*, 1867.

### Lithia Springs in Pennsylvania.

The following account of a mineral spring containing lithia, a very rare and useful ingredient, especially in the gouty and rheumatic diathesis, has been sent us, and apparently deserves the attention of the medical public.—Eds. Med. and Surg. Rept.

Gettysburg, July, 1867.

Soon after the battle of Gettysburg, it was announced that a spring of healing waters had been discovered on the spot on which that battle had been fought, and popular rumor represented it as possessing many of the therapeutic, virtues ascribed to some of the springs of antiquity and the old world.

These stories attracted the attention of the Governor of the State, of Gen. Meade, and other eminent public men, who took an interest in this great battle-field.

They had produced so little impression on my mind, that I had forgotten all about the subject, till I was reminded of it by the conversation of the citizens soon after my arrival here. I was, therefore, most agreeably surprised to learn on inquiry, that there was for them so much foundation in fact.

The springs are situated in the centre of the field of the first day's battle, about a mile west of the town, on the Chambersburg turnpike, flanked at a distance of one hundred yards respectively, by two now historical groves. No better site for a watering place or invalid hotel is to be found anywhere, and it has not yet been appropriated. Abundance for drinking, bathing, and sale, exists. Below these springs are beds of mud deposited by them, emitting a strong mineral odor, something like that of gunpowder, yet the water itself is tasteless and odorless, and is in appearance hardly distinguishable from common spring water. This fact has not a little heightened the effect on the popular imagination of some of the remarkable cures affected by it.

An analysis of this water, conducted by Prof. Mayer, of the Pennsylvania College at Gettysburg, gives the following ingredients: Bi-carbonate of soda, bi-carbonate of lithia, bi-carbonate of magnesia, bi-carbonate of lime, sulphate of lime, silica, with traces of bi-carbonate of iron, bi-carbonate of potash, chlorides and phosphates.

It will thus be seen that this is the only American spring in which the chemists have detected lithia. This fact was deemed so remarkable, that an appeal was made to Prof. Henry, of the Smithsonian Institute at Washington, as to the character and standing of the chemist who had effected this analysis, to which he promptly replied: "I am well acquained with Prof. Mayer, and doubt not that any analysis published by him is correct." Prof. Mayer had been the former assistant of Prof. Henry.

In view of this analysis, some of the cures it has effected, as certified to by physicians in Gettysburg, will possess a general interest for the profession.

Dr. J. W. C. O'Neal, says: "These waters will increase in reputation as their powers become better known; already they have acquired an enviable celebrity for the relief and cure of rheumatic affections, gout, and disease of the kidneys and urinary organs.

The cures of Geo. Swope, Esq., Peter Deihl, Mrs. Culp, Hon. J. B. Danner, and others, are well known, and are remarkable as showing the varied powers of the water. Of these cases two were of rheumatic gout with deposits of urates. Dr. S. E. Hall, of Gettysburg, says of one of them: "The disease of Mr. ——, for which I prescribed some time ago, I have to say was rheumatic gout, complicated with diabetes and deposits, or hard lumps around some of the joints. Ordinary remedies gave him relief for a time, but he still remained crippled, stiffened, and helpless in his limbs." The statement of one of the patients, Mr. Deihl, may prove interesting as regards the administering of lithia water.

"I have suffered," he says, "more or less, from rheumatism for thirty years past, and for many years from diabetes in its most aggravated form. For many years I did not get an hour's sleep at one time, and it was only kept under by rigid dieting. I had given up in despair, when the idea occurred to me of trying the Gettysburg water. I commenced with three gills per day, taken between meals, which I gradually increased. For six or eight days it produced upon me an effect not unlike intoxication, except that it lacked the stimulus. It also aggravated the diabetes to an alarming extent. After which I speedily improved in all respects, and dispensed with my cane and crutch, which I had been previously compelled to use at the same season of the year. The diabetes was arrested. The lumps on one of my legs disappeared altogether, and one of the larger ones on the other leg has also disappeared, while the remaining lump is much reduced and softened, is in fact nearly dissipated. All this was the effect of the use of this water during only six weeks."

The exemption of Mr. Deihl from the tempo-

rary aggravation of the symptoms of rheumatic gout, experienced by patients at the Lithia Baden Springs, in Germany, is remarkable, and may be due to the small quantity of the water taken at first. It is doubtful if any more extraordinary cure has been reported at any of the European Springs.

Equally wonderful cures of other chronic diseases have been effected by this water, especially of dyspepsia, liver complaint, kidney, and urinary diseases. The waters of this spring have been carried to many sections of the country, and used by invalids with excellent results. It is said to undergo no change from age, transportation, or exposure. A "Gettysburg Springs Company" has been organized to place this water in the market. One of the Springs has been excavated and secured for this purpose, and these waters will no doubt soon be placed within the reach of the profession in every part of the country.

G.

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**Arseniated Bromide Potassium as an Alterative.**

Editors Medical and Surgical Reporter:

I do not know that I can spend a leisure hour to better advantage than by recalling the attention of the profession to the article by Dr. L. Elsberg, of New York, in the number of the Medical and Surgical Reporter, of the date of September 24, 1859, in reference to Dr. Clemens' solution of the arseniated bromide of potassium, and as many of your readers may not have the Reporter of that date, I will give the formula for its preparation:

℞. Pulv. arsen. albi separ.,
Potassæ sub. carb. pur., āā ʒi. M.

Boil with distilled water ʒviij: to a perfect solution; on cooling, add sufficient water to make the solution ʒxij.

Afterward, add *by weight*, *pure* bromine, ʒij.

Pour the solution thus made into a bottle that will exclude the light, shake several times daily for a week. In four week's time it becomes colorless and ready for use. Dispense in a vial that will exclude the light.

Dose, 3 to 4 drops in a wine glass of water twice daily.

Its protracted use will produce the peculiar arsenical effect. After considerable experience in its use, I can readily endorse Dr. E's opinion, as to its "*tonic*, *alterative*, and *resolvent* properties," together with the rapidity and certainty of its excellent tonic effect.

It presents to the profession a remedy concentrated and palatable, objects not to be disregarded, when contending, as we frequently have to do, in the peculiar class of cases to which it adapts itself, with stomachs easily revolted by the grosser and bulkier medicines.

I have used it, perhaps, most largely in the treatment of chronic intermittents. In the treatment of this class of diseases, it has succeeded admirably, relieving them more speedily and certainly than barks, ferruginous tonics, arsenic, or strychnia.

In secondary syphilis of strumous constitutions it acts happily. I have combined it with Keith's concentrated tinct. of stillingia in chlorotic habits, the combination seeming to set free the locked up secretions, and thus promoting a rapid return to health.

In long standing cases of neuralgia, combined with a saturated tinct. of sanguinaria, it overcomes a chain of morbid symptoms which with us seems to have its origin in malarial poisoning.

Last, but not least, I would recommend to the profession its use in *climacteric menorrhagia*, connecting its use with a saturated tinct. of ergot, and in its favorable effects here, I do not think they will be disappointed.

I have recently used the bromide of potassium in the *insomnia* following labor, a class of cases, where opiates are sometimes contra-indicated by the attending circumstances, and which, unless controlled insure an attack of mania or puerperal fever. Its effect has been all that could be desired; also in neuralgia, facial, intercostal, and of the rectum, in which its *calmative* power seemed wonderful.

Edwin H. Sholl, M. D.

*Gainesville, Ala., June*, 1867.

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**Phymosis Remedied by Dilatation.**

Editors Med. and Surg. Reporter:

I was much interested in reading the report by Dr. Elliot Coues, U. S. A. (page 274, vol. xvi.), of a case of recent phymosis successfully treated by dilatation. I had, more than twenty years ago, adopted the same mode of treatment for congenital phymosis. I have seen, even in the mature adult, the most extreme contraction of the preputial orifice yield readily to a dilating force properly applied. I have seen this where the orifice was so small from infancy, that the urine had to be forced out by a sort of milking process. The prepuce is as readily dilated as the labia or vulva in many cases. A convenient dilator is readily extemporized by bending a piece of whalebone or hickory into an elongated U. I think the sponge or tangle tent, aided by a solution of extract of belladonna, would act well in the cases attended with irritability and pain

on pressure. The dilatation must be repeated daily till a sufficient size is attained to admit of ready retraction of the prepuce.

D. L. PHARES, M.D.

*Newtonia, Miss., June* 15, 1867.

# News and Miscellany.

### Memorandum on Disinfection.

Dr. ELISHA HARRIS, in a letter to the President of the Metropolitan Board of Health, has issued a memorandum on Disinfection for the use of the public, which, though somewhat lengthy, we think worth reproduction in our columns for the general information it gives on the subject.

Fresh air and pure water, constant ventilation and cleansing, are natural means of preventing and destroying the causes of infection and disease. * * * * * * * * *

In this memorandum the words infection and disinfection are employed just as they are commonly understood, as referring to the preventible causes that are concerned in repropagating specific kinds of disease—these causes are:

*First*—The specific infectious property or substance of any one of the pestilential disorders.

*Second*—The local impurities and moisture of the house and grounds where the outbreaks of the disease have occurred or are liable to occur.

*Third*—The foul exhalations and atmospheric impurities which injure health or help to propagate pestilental epidemics.

Experience has proved that it is possible, by certain chemical agencies (such as are described in 4, 5, 6, and 7 of this Memorandum), wholly to destroy or prevent the operation of the specific infection or contagion of any disease, but to do this it is necessary that precise rules should be observed in applying the disinfectants; and, as regards cholera and typhoid fever, it is especially important that the infective discharges from the sick should be disinfected as soon as voided from the body, and that whatever clothing or surfaces may have been soiled by such discharges should be disinfected as soon as practicable. The fact should also be borne in mind by all persons who have charge of infected things, that the infective property or virus of some diseases, and of cholera especially, is capable of rapid increase in filthy places and in a foul, damp atmosphere. Therefore, the cleansing and disinfection of such places should if possible, precede the arrival or outbreak of any such pestilential infection. Every unclean and damp place about dwelling-houses, warehouses, factories, places of assemblage, passenger vessels, railway depots, and hotels, should be made and kept perfectly clean and dry. All drains, privies, and water-closets should be kept as clean as possible, and should be thoroughly purified before cholera comes into the neighborhood. Such cleansing and disinfection give the surest protection against all epidemics.

*Disinfectants and How to Use Them.*

1. *Quicklime*—to absorb moisture and putrid fluids—Use fresh stone lime finely broken; sprinkle it on the place to be dried, and in damp rooms place a number of plates or pans filled with the lime powder. Whitewash with pure lime, and not with kalsamine.

2. *Charcoal Powder*—to absorb putrid gases—The coal must be dry and fresh, and should be combined with lime. This compound is the "calx powder" as sold in the shops.

3. *Chloride of Lime*—to give off *chlorine*, to absorb putrid effluvia, and to stop putrefaction—Use it as lime is used, and, if in cellars or close rooms the chlorine gas is wanted, pour strong vinegar or diluted sulphuric acid upon your plates of chloride of lime occasionally, and add more of the chloride.

4. *Sulphate of Iron* (*Copperas*) *and Carbolic Acid.* To disinfect the discharges from cholera patients, and to purify privies and drains: Dissolve 8 or 10 pounds of the copperas in a common pailful of water, and pour this strong solution into the privy, water-closet, or drain, every hour —if cholera discharges have been thrown in those places—but for ordinary use, to keep privies and water-closets from becoming offensive, pour a pint of this solution into every water-closet pan, or privy-seat, every night and morning. If there is cholera in the house or district, let carbolic acid be added to this iron solution—half a pint of the fluid acid to five gallons of the solution. Bed-pans and chamber-vessels are best disinfected with this mixed solution, using a gill at a time.

5. *Permanganate of Potassa.* To be used in disinfecting clothing and towels from the cholera and fever patients, during the night, or when such articles cannot be instantly boiled: Throw the soiled articles immediately into a tub of water in which there has been dissolved an ounce of the permanganate salt to every three gallons of water. Boil the clothing as soon as it is removed from this colored solution.

6. *Carbolic Acid* (fluid) may be diluted at the rate of from 40 to 100 parts of water to one of the fluid acid. Use this solution for the same purposes as copperas is used; also to sprinkle upon any kind of garbage or decaying matter, and on foul surfaces, or in drains. When used to disinfect clothing, carbolic acid of good quality should be thoroughly mixed with its own quantity of strong vinegar, and next be dissolved in 200 times its own quantity of water before the clothing is immersed in it. This mixture with vinegar insures such complete solution of the carbolic acid that the clothing will not be burned by undissolved drops of acid when disinfected in the carbolic water. This weak solution (1 part to 200) will not injure common clothing. But *to destroy clothing as well as infection, instantly,* use the acid diluted only 10 to 30 times its own quantity of water. The disinfecting and antiseptic power of good carbolic acid is so great that one part of it to 50 or 100 parts of water is sufficient for ordinary purposes.

For drains, sewers, foul heaps, stables, and privies, the cheap "dead oil" of coal tar, or the crude carbolic acid, answers every purpose, when freely applied. Coal tar itself is available as a disinfectant to paint upon the walls of stables, privy vaults, and drains. By mixing with saw-

dust or dry lime, coal tar or crude acid may be used on foul grounds or heaps of refuse.

7. *Boiling or High Steam Heat.* Whenever foul clothing and infected things can be boiled, or have a boiling heat steadily applied and kept up for an hour, this is one of the simplest and best modes of disinfection. But until such high heat is actually applied to the infected things, some one of the disinfecting solutions must be used. A common steam tub (in a laundry or elsewhere) with a tight cover is a good disinfecting vat.

[These methods of disinfection are preferred simply because they are effectual, safe, easily applied, and not expensive.]

*Places that must be Disinfected and what Disinfectants to Use.*

For water-closets, privies, bed-pans, &c., use the substances 4 or 6, as described above.

For cellars, vaults, stables, or any damp or offensive places, use 1, 2, 3, 4 or 6 in any manner suited to the objects to be attained, as described in these directions.

The permanganate salts must not be used with the carbolic or coal-tar disinfectants. It is also best that chlorine and the chlorides should not be used at the same time with them.

For sick rooms, bed rooms, and closets: Ventilate and keep clean, and use, 1, 2, or 3, according to directions.

To disinfect a privy, or a quantity of earth that is contaminated by cholera excrement, or liable to be infected, use the mixed carbolic and copperas solution, saturated strength as follows:

To every cubic foot of soil or filth give from one to three pints of the strong solution.

To every privy and water-closet allow at the rate of one pint to be poured in, daily at evening, for every four persons on the premises; this practice to be kept up while cholera is in the country.

This method of systematic disinfection would be useful in every household, but when cholera is present in any city or country such thorough application of this means of protection cannot be safely neglected in any city or place to which persons may come from towns where cholera is epidemic. The best sanitary chemists advise that the estimated quantity of these privy and sewer disinfectants required for each person daily in the presence of cholera should be half an ounce of sulphate of iron, and half a drachm, or half a teaspoonful of carbolic acid.

*Things to be Disinfected.*

(*a.*) Beds, bedding, and upholstered stuffs—Expose to sunlight and ventilation freely and frequently. If actually infected, thoroughly moisten every part with best solution of 6 or 5.

(*b.*) Soiled clothing, &c., from the sick, with cholera or any contagious disease, use solution No. 5 or 6, precisely as directed, and as soon as the soiled articles are removed from the patient, or immerse them at once in boiling water. In any case of infectious disease the clothing must be boiled previous to washing or drying. Infected clothing must be thrown into the water at boiling heat, and that temperature should be kept up for an hour.

(*c.*) Carpets, sofas, lounges, mattresses, floors, &c., infected by cholera excrement, or by small pox, or other contagions—Thoroughly moisten every infected thing with one of the carbolic or permanganate solutions (No. 5 or 6). To give still greater completeness to the disinfection required for an infected apartment, and thick woollen stuffs, carpets, &c., to which boiling heat cannot be applied, fumigate with sulphurous acid, thus: First, arrange to vacate the room for 12 hours: close every window and aperture, and, upon an iron pipkin or kettle with legs, burn a few ounces of sulphur. Instantly after kindling it, every person must withdraw from the place, and the room must remain closed for the succeeding eight hours. If any other kind of fumigation is resorted to—as that by chlorine, bromine, or nitrous acid—a sanitary officer or chemist should superintend the process. Fumigation should be resorted to in dwelling-houses only by official orders or permission, as the disinfecting gases are very poisonous.

*Finally.*

Let fresh air and sunlight purify every place they can reach. Open and dry all cellars and vaults, and keep the grounds and surfaces about dwellings as dry and clean as possible. Use fresh lime, or the "calx powder," freely upon wet or offensive surfaces. Flush the water-closets and drains daily before throwing in the disinfectants as directed. Let domestic and personal cleanliness be everywhere observed. There are no substitutes for fresh air and water.

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**Posthumous Influence of the late Dr. Francis.**

Dr. J. F. G. Mettag, of Lancasterville, S. C., relates the following incident connected with Sherman's expedition through the Southern States during the rebellion.

"Expecting that the Federal army would pass over this place, and that, according to their rule, they would probably burn the public buildings, and as my residence was near the Court House, and must be consumed with it, I supposed that I might afford a reason to the commanding officer for the exercise of leniency by making to him a statement of facts. How I could manage to command his credence, I was, for some time, at a loss to conceive. But I remembered I was in possession of a number of letters from the eminent Doctor John W. Francis, (lately dead,) of the city of New York, expressive of great kindness and respect for me. I determined, that as soon as the army should arrive in the village, I would make my statement to the commanding officer, General Kilpatrick, and then present one of these letters to him to read, that he might believe that which I had just stated to him.

"I carried out my determination, and the General earnestly, after reading a part of the letter, said twice to his aids, *tell them not to burn the Court House.* And, moreover, when he was about to leave the village together with his army, he publicly issued the same order, which was obeyed.

"I have no doubt but that it was the letter of this great and good man that saved the village from conflagration; for, if the Court House had

been consumed by fire, the village must have shared the same fate."

### French Academy of Medicine on Vivisections.

A committee of this learned and scientific body, composed of Messrs. Claude Bernard, Cloquet, Larrey, Cruveilhier, and others, was appointed in 1863, to examine and report on the subject of vivisections. They reported that vivisections with a definite scientific object are indispensable to the progress of physiology, and the Academy finally declared that the practice of vivisection must be left to the discretion of scientific men. A medical writer in the London *Times* very properly counsels moderation in the language of those who attack these doings. It appears that the committee of the Academy very strongly objected to the violence of the language employed in the last note forwarded to the French Emperor by the London Society for the Protection of Animals.

### A Quack in an "Abject Condition."

In London, a quack doctor has been in the habit of sending indecent pamphlets to respectable people. In one instance, however, he got his deserts, as is shown by this communication in the *Pall Mall Gazette:* "Sir—I have been frequently annoyed by receiving Dr. Jordan's productions. Last night, during dinner, one arrived. Thinking that it was a tradesman's advertisement, I was on the point of giving it to a young lady who was sitting next to me, when the name of Jordan caught my eye. This morning I paid the Doctor a visit, at 29 George street, Hanover Square. I returned him his pamphlet. I remained with him for a few minutes, and left him apparently suffering from "nervous exhaustion." I recommend other men who are annoyed by his abominations to pay him a visit after the receipt of the next pamphlet, and leave him in the same abject condition.

### Blanching of the Hair.

A paper read before the Royal Society, London, by Mr. Erasmus Wilson, has thrown new light on the question as to what causes the sudden whitening of the hair, often produced by fright or profound grief. He cites a case in which the hair was colored white and brown alternately from end to end. The white segments were about one-half the length of the brown, and the two together measured about one-third of a line. Under the microscope the colors were reversed, and it was obvious that the opacity of the white portion was due to a vast accumulation of air globules packed closely together in the fibrous structure of the hair, as well as in the medulla. There was no absence of pigment but the accumulation of air-globules veiled and obscured the normal color and structure. Mr. Wilson suggested the possibility of the brown portion being the day growth and the white portion the night growth. He also said, in reference to the sudden blanching of the whole hair, of which there were many cases on record, that during the prevalence of a violent nervous shock, the normal fluids of the hair might be drawn inward toward the body, in unison with the generally contracted and collapsed state of the surface, and that the vacuities left by this process of exhaustion might be suddenly filled with atmospheric air. An interesting discussion followed the reading of the paper. Dr. Sharkey alluded to a recent case of sudden blanching of the hair reported by Dr. Landois, of Griefswald, in *Virchow's Archiv*, which was ascertained to be the result of an accumulation of air globules in the fibrous substance of the hair.

—— Dr. Robert J. Breckinridge, Jr., a son of the Rev. Dr. W. L. Breckinridge, died suddenly in Houston, Texas, a few days since. He was formerly a professor in the Louisville Medical University, and Surgeon of the United States Marine Hospital in the same city. During the rebellion he served as Lee's Chief Medical Director, and after the surrender removed to Houston.

*[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]*

## MARRIED.

Bethel—Matthews—On the 11th inst., by the Rev. Robert Alexander, George S. Bethel, M.D., and Miss Rachel Matthews, all of Belmont co., Ohio.

Davis—Schoeb.—At the United States Consulate, Faval, Azores, June 21st by Rev. E. C. Hutchinson, D.D., John Davis, Esq., Surgeon, and Susanna B., daughter of the late Samuel L. Shober, of Philadelphia.

Eames—Cook.—At the residence of Henry K. Cain, Esq., Maineville, O., Tuesday, July 23, Dr. J Eames of Newnan, Ga., and Miss Mary Ada Cook, of Maineville, Warren co., Ohio.

## DIED.

Dreher—July 4th 1867, in Newton, Summit co., Ohio, Mary, wife of Dr. J. C. Dreher, aged 22 years, 9 months, and 5 days.

Hibber.—In New York, July 19, Dr. R. Walter Hibber, eldest son of Nelson S. and Elizabeth Hibber, aged 31 years.

Matteson.—In Middleville, Mich., July 8th, 1867, of hooping-cough, La Blanche, daughter of Dr. G. W. and A. A. Matteson, (late of Knoxville, Pa.,) aged 1 year, 2 months, and 22 days.

Robinson—Dr. Robinson, of Bennington, Mich., died recently in consequence of sprinkling chloroform upon his pillow to induce sleep.

Sternberg.—It is reported that among the victims from cholera at Fort Harker, on the 15th inst., was Mrs. Sternberg, wife of the Post-Surgeon.

## ANSWERS TO CORRESPONDENTS.

*Dr. S. S. M., Pa.*—Codman & Shurtleff's anæsthetic apparatus can be used in dentistry. Mr. White of this city, also makes a good instrument for the same purpose.

*Dr. A. F., of N. Y.*—The time you mention will be perfectly convenient for us.

*Dr. W. T. P., of Ky.*—The price of skeletons bleached and wired is $45.00, bleached and unwired $25.00, unbleached wired $35 00, unbleached unwired $20.00. We can send them to you at any time.

*Dr. J. I. G., of Ga.*—Dr. E. P. Banning's address is 11 St. Mark's Place, N. Y. City.

*Dr. J. C. M., of Miss.*—The previous remittance had been received. Waring's Therapeutics, and Holmes' Border Lines sent on the 20th. The delay was owing to a wrong entry.

*A correspondent* writes to us that he has employed a great many remedies for tinea sycosis or mentagra, ordinary barber's itch, without benefit, and requests some of the readers of the Reporter to give the treatment that they have used with success. We second his request.

*Dr. S. V. D. H., of Miss.*—Ophthal oscope and Record sent by express on 22d.

*Dr. J. C., Ohio.*—Spy glass sent on the 20th by express.

*Dr. E. S. B., N. J.*—Wilson on the Skin, sent by mail on the 20th.

*Dr. F. C. S., of Pa.*—Budd on Stomach, sent on 20th.

*Dr. W. A., of N. Y.*—GARRATT'S Med. Electricity, sent on the 17th.
*Dr. G. B. C., of Pa.*—Pessaries sent by mail on the 17th.
*Dr. M. W. H., of Pa.*—FLINT'S Practice sent by mail on the 20th.

## METEOROLOGY.

| July, | 8, | 9, | 10, | 11, | 12, | 13, | 14, |
|---|---|---|---|---|---|---|---|
| Wind | N. W. | W. | N. W. | W. | S. W. | N. W. | N. E. |
| Weather | C'dy. Sh'r. | Clear Sh'r. | Clear. | Clear. | Cl'dy. Rain. | Clear. | Clear. |
| Depth Rain | | 1-10 | | | 5-10 | | |
| *Thermometer.* | | | | | | | |
| Minimum | 70° | 63° | 57° | 63° | 65° | 62° | 57° |
| At 8, A. M. | 73 | 69 | 70 | 74 | 80 | 66 | 70 |
| At 12, M. | 74 | 80 | 76 | 82 | 78 | 73 | 76 |
| At 3, P. M. | 74 | 81 | 77 | 84 | 80 | 75 | 74 |
| Mean | 72.75 | 73.25 | 70. | 75.75 | 75.75 | 69. | 69.25 |
| *Barometer.* | | | | | | | |
| At 12, M. | 30.1 | 30. | 30.2 | 30.2 | 30.2 | 30.2 | 30.4 |

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THE

# MEDICAL AND SURGICAL REPORTER.

No. 544.] PHILADELPHIA, AUGUST 3, 1867. [Vol. XVII.—No. 5.

## Original Department.

## Lectures.

### SLIGHT SPRAINS OF THE ANKLE,

### And their Serious Effects: Or the Misfortunes of not Breaking your Leg.

By Lewis A. Sayre, M.D.,

Prof. of Orthopædic Surgery, Bellevue Med. College.

Reported by E. S. Belden, M.D.

Gentlemen: This case upon which I am about to perform an amputation is of very unusual interest, as showing the terrible results that may arise from a comparatively trivial cause—a slight sprain of the ankle.

The patient, a woman, forty-five years of age, a year ago, suddenly sprained her ankle in getting out of bed, and you now see in her a striking illustration of a very important fact, viz., that *while serious sprains of the ankle are of not much importance, a slight sprain of the ankle is one of the most serious accidents you could receive!*

The patient, feeling very little pain, continues to walk upon it, and the inflammation at first attracting little or no attention, progresses day by day, until finally the patient is forced to give up to it, and ceases work for a few days. At the end of this time, the limb feeling a little easier, the patient commences work again, and works a few days, when the pain again increases so as to render her unfit for work for a day or two. It goes on thus until finally the inflammation of the cartilage of the joint takes place. Then commences the most agonizing pain and torture one can endure. Sleep is destroyed, the appetite fails, and the pain is most excruciating; then too, commences the peculiar nocturnal pain which is indicative of disease of the bones of the joint. It may be many weeks or even months before these serious consequences begin to develop themselves; and during this time the general health is becoming affected, and hence the belief once so popular, that all the suppurative diseases of the joints were caused or complicated by the strumous diathesis.

This patient upon whom I am about to perform this amputation, after spraining her ankle, dressed herself and walked down Broadway to her daily labor; but on her way the pain was so severe, she was obliged to "sit down on a curb-stone, and feared she should faint." She continued her employment day after day, sometimes being obliged to cease for a day and then returning to work; until finally, having pawned her furniture, clothes, and all the little that she had, she came to the hospital in the pitiable condition in which you saw her before this operation.

The foot is swelled around the ankle to a great extent; doughy to the touch, and of a purplish blue color. The limb above is very much emaciated, and the whole body lean and wasted. The part is blue from serous congestion partly, but this was in a great measure caused by the poultices which had been applied for six or eight months.

Had this sprain been attended to in an early stage of the disease, had the diagnosis been made at the commencement, and the proper treatment been adopted, this year and a half of intense pain and torture, and her limb would have been saved. Now you see here the result of this simple sprain!

In this joint, you remember, the base of the tibia rests upon the articular process of the astragalus, the fibula pressing against it on the outer side.

If you attempt to twist this joint sideways, it requires some force; and this force frequently fractures the bones of the joint. Lateral pressure will sometimes cause hæmorrhage of the internal articular surface from the small bloodvessels which supply the membrane separating the cartilage from the bone; the cartilage itself having no bloodvessels. There is no external evidence of this internal hæmorrhage, this bloodblister in the joint.

By the continued pressure of the joint surfaces together, the trouble is slowly, but surely increased. If the constitution is in a bad condition, and the patient is surrounded by injurious and depressing circumstances, the progress of the disease is much more rapid.

In considering the treatment, remember that

rest of the joint, positive and absolute, is the great *sine qua non* in the commencement of the disease. If you can exercise the rest of the body, do so; but under no circumstances let the inflamed part be troubled.

In making your examination and diagnosis, be careful to make *compression upon all the surfaces of the joint.* You should extend it, flex it, abduct it, adduct it, and twist it internally and externally. This is the only means you have of ascertaining what is going on in the joint. This accurate and careful examination is necessary only in the early stages of this disease.

Heving found by this pressure that you can produce the *slightest* degree of pain, you cannot safely discharge that patient as cured or well. The cartilage of the joint is not a sensitive part of the body in the healthy state. It has no nerves except those of nutrition. Any pain caused by the pressure of the joint surfaces together is abnormal.

The blood extravasated beneath the cartilage by the injury received remains there as a foreign body, causing inflammation, and unless absorbed, finally serious disease.

The first thing to be done in the treatment of this disease is to require the joint to be kept at perfect rest. The next is local depletion, if the patient is able to bear it. After this the *constant* application of cold; not applying cold water, and allowing it to remain just long enough to become heated; and then reapplying it; thus keeping up an irritation. The water from a refrigerator should be allowed to drop upon it continually, without any intermission, for forty-eight or sixty-four hours, as the case may require.

This plan of treatment will in the majority of cases result in triumphant success. But by this time your patient, unless you have his perfect confidence, will think you have made a "great thing," a "wonderful cure" of this, for the sake of gaining a reputation or getting a "big bill." Therefore guard yourself well against this accusation, because on this very point your reputation may make or break. You should inform him at the commencement, of the nature of his injury, and what would be the result of his neglecting this treatment; then you are free from all responsibility if he neglects your advice.

As the trouble increases, the muscles after a time become involved, and by their contraction continually press the diseased joint surfaces together, increasing the disease and the deformity.

For the purpose of making the proper extension in these cases, I have devised this small instrument.

This instrument consists of a firm steel or hard rubber plate, made to fit the sole of the foot. At the heel is a hinge-joint, and attached to it a rod, slightly curved at the bottom, and extending up the back of the leg to near the knee. Over the instep is an arch, like the top of a stirrup, with a hinge-joint at its summit, from which springs another rod, which runs in front of the leg, of equal length with the one behind. These rods are made with a male and female screw, or ratchet and cog for extension, and connected at the top by a firm band of sheet iron, on the side of which is a hinge, and a lock on the other like a dog-collar. (See Fig. 1.)

The instrument is applied with firm adhesive plaster, cut in strips about one inch in width, and long enough to reach from the ankle to near the tubercle of the tibia, and placed all around the limb, as in Fig. 2.

Fig. 1.

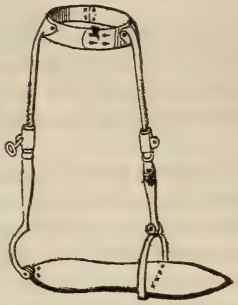

Fig. 2.

The plaster is secured in its position, to within an inch of its upper extremity, by a well-adjusted roller, as seen in Fig. 3.

The instrument is fixed, and the foot firmly secured by a number of strips of adhesive plaster, as seen in Fig. 4. A roller should be carefully applied over this plaster to prevent its slipping, and the ends of the plaster at the top of the instrument turned over the collar, which has been previously locked just tight enough to be comfortable, and secured by a turn or two of the bandage, as seen in Fig. 5.

Fig. 3.

Fig. 4.

Fig. 5.

In this disease ninety-nine times in a hundred you will find the gastrocnemius contracted, and the soleus also, making a talipes equinus.

Under peculiar circumstances, and in very rare cases, it may be necessary to divide the tendo-Achillis before you can bring the foot into its proper position. It is only when these muscles are organically contracted, after permanent contraction, that this is necessary. Usually you can readily bring the foot to its natural position by this instrument. After its application the patient may bear his weight upon the diseased limb, without causing pain, the instrument having removed the pressure from the diseased joint.

If the disease has progressed still further, there is general œdema of the part; and if it has been much poulticed, you will also find a blue, passive congestion of the capillary circulation. It is a common belief that poulticing a diseased joint can do no harm. This is one of the greatest mistakes you can commit. The long continued application of a poultice to a diseased joint, is one of the most injurious practices you can adopt. The circulation here is feeble at best. By applying your poultices, your heat and moisture, you solicit more blood to the part; this causes capillary engorgement to such a degree, that these vessels, so feeble in their contractility, having no power to pass the current along, allow œdema to occur as a result; and the disintegration of the parts is thus facilitated.

To prevent this you should apply some kind of pressure around the joint. This pressure upon the hypertrophied cellular tissue surrounding the joint, causes its absorption, the same as pressure of the diseased bony surfaces together, causes their absorption. The best way in which to make this compression is by the use of a large, coarse, sponge. The water is pressed out, and it is bound very tightly and firmly around the joint. The sponge, absorbing the water which is poured upon it, tends to increase in size, and thus compression is made around the joint. By these means the œdematous condition, and blue color, of the part are destroyed, and it is brought to nearly its normal shape and condition.

If the disease has progressed still further the fluid contained in the joint is pus. That it is pus can only be ascertained, prior to the opening of the joint, by the constitutional effects, or symptoms, the principal of which are chills, occurring irregularly sometimes three or four times a day. Besides the chills there is usually great emaciation, a haggard countenance, paleness, a general loss of appetite, and febrile disturbance.

If this disease of the joint has progressed to this stage, open it, and open it freely; in such a way, and to such a degree, as to permit the entire contents of the joint to escape, and the drainage to be made free. Make your opening in the most dependant part of the joint, so that the matter can thoroughly draw off as fast as formed. If there is caries of the bone, a probe should be passed from one side to the other, through the joint, and threaded with oakum, which is drawn through, forming a seaton, by means of which the drainage is more thoroughly and perfectly made. This, instead of injuring the system, you will find will act like magic; the appetite returning; the sweats being checked; the pulse beating slower and stronger, and the sleep becoming tranquil and quiet.

Frequently, as you move your seaton along, small pieces of bone will pass out with it; and the opening will continue to diminish in size as the disease abates, until after some months changes occur in the secretion, and instead of being a sanious, thin, watery, liquid, it becomes thick, consistent, cream-colored pus. Then you may begin to diminish the size of your seaton, until you reduce it to a mere thread; and finally to nothing. Be careful not to close it too soon. I have seen only a few drops of pus in the joint produce serious trouble.

At this period of the disease it becomes a questfon whether you shall allow the joint to recover anchylosed, or attempt by passive motion to retain mobility. A young lady called at my office a few days ago, in whom I had setoned the ankle joint ten or twelve years ago, and small pieces of bone had passed out, *yet the mobility of the joint is now perfect.* I have one or two other cases where this has occurred. This result is not common, but it is possible, and it is worth working for.

### Ether Spray Successfully Used in Post Partum Hemorrhage.

Mr. John Broadbent, of Manchester, reports in the *British Medical Journal*, a case of labor in which there was breech presentation, and uterine inertia. After a tedious labor followed by uterine inertia and adherent placenta, which had to be removed by the hand, profuse hemorrhage followed, which would not yield to the ordinary remedies, and the patient was rapidly sinking. At this juncture the ether spray was applied to the hypogastric region, and very soon the uterus began to contract, and the hemorrhage ceased. The effect of the ether spray was very marked. There was no return of the relaxation of the uterus, and the woman gradually made a good recovery.

# Communications.

## UPON SOME REGULAR TISSUE CHANGES

### In the Capillary Portion of the Lungs of Mammalian Animals during the Respiratory movement.

By Rufus King Browne, M. D.,

Late Prof. Physiology New York Medical College.

**Preliminary Communication.**

[What I claim to show by what follows, is, that the facts which occur in the respiratory process, by which a certain amount of oxygen of the air mingles with the blood, are not accounted for in any particular, by the "law" of the "diffusion of gases."]

Of the two sets of physical phenomena, which are cited to account for the passage of the oxygen *into* the blood, and carbonic acid gas *from* it, neither are in any particular satisfactory. Neither the phenomena of osmose, or esmose, in which two separate fluids pass through a partition between them, and mingle on both sides,—nor, the analogous phenomena of the mutual diffusion of gases, are phenomena of a similar character to those which occur, in the accession of oxygen to the blood, and the yield of carbonic acid *from* it. In fact neither the law of the diffusion of gases, nor the "law" of osmose, involves or implies any account of the very phenomena in which the respiratory process consists.

This process consists of the *separation* or abstraction of a gas from a fluid in which it is constitutionally involved; and second, a separation of a certain amount of oxygen from the air, and its passage, into the same fluid. Now neither of these phenomena, nor aught at all similar to them, occurs in the phenomena which fall under the "law" of diffusion of gases, or the phenomena of osmose.

The consideration of these facts has long impelled me to find an explanation of the respiratory *process*, in accord with the facts. But there is no portion of physiology in which we are so defective in actual knowledge, as that pertaining to the respiratory process.

This is well illustrated by these statements, from one of the most recent works on physiology.

"The air-cells are composed of a membranous wall, furnished with involuntary muscle-cells, and lined with mucous membrane, provided with ciliated epithelium." "Consequently we must seek for other forces to explain the introduction of the *air* into the air-cells and *blood*."

"The experiments we have related furnish us with the explanation of the movement of the *air* —*from* the air-cells to the blood-discs."

"The blood delivered to the pulmonary capillaries is laden with carbonic acid. The 'air-cells' on the wall of which these capillaries are distributed, are filled with oxygen gas, which *endosmoses* through the walls of the vessels."—*A Text Book of Anatomy, Physiology, and Hygiene*, for the use of schools and families, by Jno. C. Draper, M.D. 1866.

Throughout the respiratory process, the lungs are continuously moving from one state to another: from a stage of greatest magnitude to one of least magnitude. This regular, constant, and reciprocal progression, involves a change of figure and *size* of even its minutest elements; for the entire change in figure and magnitude of the whole lung, is only the aggregate of the changes of size and figure of each of its anatomical elements, not respectively but uniformly.

This progressive alternation in the lung, involves as the very heart of the phenomena, the alteration of its *constituents*.

In the extreme or terminal portion of the lung, there ramifies the most compact capillary plexus, in the human body.

The capillary network of the cellular, vesicular, or saccular portion of the lung is so close as to leave but slight inter-capillary space, the outer surface of their walls being nearly in actual contact. Between them there is no matrix of inter-capillary tissue, as in the capillary districts of the general system.

They ramify upon the outer or pleuro-pulmonic surface of the bottoms and sides of the air-sacs, and between them. Their position is one in which they receive transversely the full force of any dynamic change in the air sacs themselves. Their adhesion to the walls of the sacs is so close that they have often been described as forming that wall.

During the progressive stages of enlargement of the lung, simultaneously with the increase in the volume of the incoming air, the air-sacs are enlarged in size and calibre. This increase is greatest in the direction of their longest diameter. The pressure exerted in the stage of enlargement is directly partaken of by the capillaries, upon their transverse limits, and this directly interferes with the advance of their contents. During the inspiratory movement, the force exerted in the enlargement is expended upon the capillaries, and hence regularly breaks the uniformity of the rate and continuity of the volume of the flow.

In this movement, therefore, there is effected a

*remission* of the flow. Then comes the complementary rushing or impulsion forward.

The former is the advanced state of enlargement of the lung tissue, but as the air recedes from the bronchial tubes, the tension in the air-cells or sacs abates. The return of the air-cells or sacs to their least diameter and size, pushes the residual air along the bronchial tubes, and the stage of movement is reached in which the lung tissue has its least size. This is the stage of the uniform and uninterrupted flow of the contents of the capillaries; and again a recurrence to the state of enlargement and abrupt delay.

There is thus in the capillary portion of the lung tissue consecutive remissions of rate in the tide of blood—a stage of arrest by the flattening and bringing into contact of the surfaces of the inner opposite sides of the capillary walls, and a stage of *impulsion*, caused by an accelerated flow.

Though I have not been able to furnish an actual experimental demonstration of the histo logical changes, I announce I am confident that it is during one of these stages that carbonic-acid gas and vapor transude through the capillary walls, and through these epithelial or air-cell layers; and that during the other, the oxygen is absorbed into the plasma, from which it is imbibed by and suspended in the red globules.

If we continue to follow the details of the enlargement of the pulmonic tissue, we shall be convinced with entire certainty that it cannot take place without inducing the effects on the capillaries and their contents we have described.

The innumerable branch cavities of the great bronchial cavities are a bundle of air-containing elongated hollows, the extreme or terminal portions of which are the air-sacs or cells.

When the entire hollow portions of the lungs contain their lowest volume of air, the tissue of the cell is without tension. With the flood-tide or increase of volume of air, the tension caused by pressure of air supervenes, and is communicated to the capillary walls and hollows which surround and ramify between the cells. That division of the capillaries running between the cells is subjected to pressure from both sides of their walls.

On the other hand also, the pleura, or binding coat of the whole tissue, offers resistance to the process of enlargement. As it circumscribes and limits the lung tissue, even while its resistance exists, in being overcome it exerts more or less of pressure upon the tissue it holds.

To this double pressure consecutively and with intermission established during the movement of the lung, the inter-saccular capillaries are con stantly subject. During one stage of the movement their contents are abruptly stayed, and during the other, are pushed with marked impulsion forward into the pulmonary veins.

[Undoubtedly the phenomena, which occur in obedience to the "law" of the diffusion of gases, exemplify the permeability of an apparently poreless substance to gases: and so also the phenomena of osmose exemplify the fact that a membrane saturated with fluid, will permit the passage through its substance of fluids on either side of it. Therefore, undoubtedly we are justified in assuming the *permeability* of the combined capillary and cell walls, under the above law. But this taken for granted, does not account for the departure from the blood of the carbonic acid gas, nor for the entrance in another proportion into this fluid of the oxygen, which operates from its natural combination, and even divides its own volume.

On some occasions the law of osmose, and at other times, the law of diffusion of gases, is adduced to account for the transpiring process going on in the pulmonary tissue and cavities: and sometimes both are referred to as equally furnishing the explanation of that process, showing how great a want of precision, and accuracy of understanding there is, in our ordinary notions, of the character of the pulmonary transpiratory process. The truly philosophical experiments of Mr. Graham, show that from a volume of common air, a definite proportion of its oxygen does pass through an apparently poreless septum, into an artificial *vacuity*. But even here, the experiment does not even *assimilate* the process between the blood and the *air*.]

## TURPENTINE AS A REMEDIAL AGENT.

By Stiles Kennedy, M. D.,

Of Hallstown, Del.

(Continued from Vol. xvi., page 459.)

### In Typhoid Fever: The Dry Tongue of Intestinal Ulcer, of Suspended Secretions, and of Exhaustion. Pneumonia.

The profession is familiar with Dr. Wood's description of the tongue in certain stages of typhoid fever, and with the marked success that has attended him in the treatment of this disease by the oil of turpentine.

The theory of its action as taught by that gentleman comprises both its general effect on the system as an alterative and stimulant, and locally as having a most salutary effect on ulcerated mucous surfaces. I have no reason to doubt the theory, and acting under its influence, I have long been in the practice of simply giving quadruple the dose of Dr. Wood, and lengthening the time of administration.

I therefore give 60 drops of the oil every six hours, frequently shortening the time one or two

hours. I think the change a very decided advantage in the treatment of the disease, because the full effects of the medicine if not brought out at once, follow more rapidly than by the use of the small dose.

After giving a teaspoonful, I have seen the tongue grow moist in a few hours without repeating the dose.

In 60 drop doses the tongue most generally gets moist after the second or third dose, and I have never observed strangury follow this quantity taken.

It is very hard to conceive the local effect of fifteen drops of the oil of turpentine, so far down the alimentary canal as the ulcerated patches are found in this disease. The large dose presents a more rational claim to that action, while its general stimulating effect is increased, and the so-called alterative action cannot be unfavorably modified by the increased dose.

At any rate, I think, the observation of the careful practitioner will induce him to adopt the large dose as the rule, if once tried.

But the condition of the tongue alluded to, is by no means peculiar to the disease in question. It occurs in diarrhœa, frequently in dysentery, and I have met with it in protracted cases of remittent fever. Wherever found, it is evidence of intestinal ulcer, not of typhoid fever as a special disease, and the turpentine is equally beneficial in all of these diseases.

There is a dry tongue which I am very certain is often confounded with the one under consideration, and leads to a large numeric increase of cases of typhoid fever, while it places the physician on the wrong line of treatment. It is the dry tongue of *suspended secretions*, and is met with in the early stages of severe acute disease—remittent fever, dysentery, and thoracic inflammations, where the severity of the disease has closed the emunctories. The skin is harsh and dry. No urine passes; no alvine discharge. The salivary glands partake of the general suspension of secretory action, and the tongue and mouth is left dry. Unless the mouth has been kept clean up to this time, the accumulated crumbs of food, with slight antecedent salivary deposits, may lead to the belief of a more serious sordes. The tongue may be white, yellowish, brown, or as I have more than once seen it, blackened.

This latter character I attribute to some qualitative change in the saliva, just as the functions of its glands are being suspended. In a little while coma sets in, and unless promptly relieved, the patient dies.

This is the *typhoid condition*, that I have so often seen treated with feeble turpentine potations as typhoid fever.

How shall we combat this condition? It is very difficult to lay down a definite plan. The practitioner must be active and on the alert to change his means of attack whenever he sees his probable failure by any one course. An emetic will frequently arouse the whole secretions. Very often after rinsing the patient's mouth, I have given a small piece of tobacco, directing that he chew on it severely. In a few minutes the perspiration would begin to appear, urine would flow, and an alvine discharge would be gained in half an hour! The nausea soon passed off, and if the case was one of remittent fever, quinine and calomel were administered. The emetic will not always produce this happy effect. Then we must endeavor to establish action in special organs by purgation with diuretics and stimulants.

The oil fulfils this indication with much certainty, and promptly. In large doses it is a fine general stimulant, diuretic and purgative in its tendency.

Pneumonia furnishes a large proportion of this kind of tongue. I remember that when I took charge of one of the divisions of the Front Royal Hospitals, several years since, the gentleman whom I succeeded, passed around the wards to show me the worst cases. One was an able bodied, stalwart man of 30 years, his tongue was dry and brown, every secretion in the body had stopped, and the slightest manifestation of coma was apparent. He was taking whisky and quinine for typhoid fever.

This man had been living in an intensely malarious district for several months, and I have never seen genuine typhoid fever under that circumstance. Although the man had no cough, no pain, no great trouble about his respiration, I ausculted his lungs and found a full grown pneumonia! I directed a brisk emetic, to be given at once, and to be followed by a large turpentine stupe around the chest, and two drachms to be given internally in two hours. In a few hours the secretions were fully established, and the only treatment he received afterward was the turpentine stupe, applied morning and night.

The gentleman with me remarked, as the patient was recovering, that he had never met with a case of the kind before. The probability is that he had met them, but did not observe closely enough to recognize them, and this is the misfortune with many others, who are indifferent to the remarks of more careful practitioners.

Of sixty-five cases of pneumonia treated by me in the winter of 1861–62, there were eight

cases of secondary meningitis. Five of these cases were attended early in the disease by the dry tongue of suspended secretions, which was removed by the treatment indicated, and the patients rallied for a while, but the disease occupied so much lung tissue, as to gradually wear the patients out. The tongue again became dry, hard, and cracked, sordes collected—low muttering delerium. The hands were held trembling over the chest, restlessness at first, then an unbroken quiet for hours, mussilation, and the long list of symptoms indicative of a speedy dissolution of physical power. This is the *dry tongue of exhaustion*, and in my experience it rarely moistens in life, at any rate a majority of the cases die. It is the worst form of typhoid condition, and most constitutions sink under its remorseless coming.

Of the above sixty-five cases the only counter-irritant used to the chest was the turpentine stupe, night and morning, and not in one case did I see any bad effects either locally or generally. In fact, of over two hundred cases treated the same winter, at the same hospitals, there was no case reported which would disparage its use. To revert a moment, I am of the opinion that typhoid fever as a genuine special disease, is exceedingly rare in malarious districts south of the 40th parallel; and this opinion is based upon the careful observation of a large number of cases, running through a period of ten years, and covering ground from Sioux city to Tallahassee.

The only true diagnostic symptom of typhoid fever is the peculiar minute, recurrent, rose-colored eruption. So soon as we lose sight of this landmark, we are ourselves lost, and we grope about in dreary solicitude for things we know not of.

Many other diseases may have and do have every other sign or symptom of typhoid fever. Intestine ulcer is not conclusive evidence. The tissues and organs may be as dry as the liver of a dying inebriate. The body may lie weltering in the moisture of ebbing life, while the hands are stretched out to grapple with the spectre-peopled air; but we gather the grand familiar idea of true typhoid fever only from successive crops of the pathognomonic eruption.

Whenever, in malarious districts of country, we see evidences of the disease under consideration, without seeing the *positive proof* on the skin, we may rest assured that typhoid condition, due to causes we may not suspect, and which may be remote and obscure, is the trouble which deserves a prompt and earnest investigation.

Weakened terebinthinate potions are worse than nothing.

## CASE OF CHRONIC DYSENTERY.

By James B. Burnet, M. D.,

House-Physician, Bellevue Hospital, N. Y.

William Brodie, aged twenty-six years, single, and a native of Germany, was admitted to Ward 14 of Bellevue Hospital in July, 1866. Of himself he gave the following history:

Parents were healthy and lived to a good old age. There is no known hereditary predisposition to disease in his family. He always enjoyed good health until about one year ago, when he had a severe attack of intermittent fever, which lasted three months. He was then in the United States army. At the same time he had a diarrhœa, which lasted until the fever was cured. He then came to New York city, and was here again attacked with the fever and diarrhœa, both coming on at about the same time. He entered Bellevue Hospital, where, after treatment, he entirely recovered, and was discharged about three months ago. For about two weeks he pursued his ordinary business, when he was again admitted to the Hospital, suffering from a severe attack of dysentery. His stools were bloody for about four weeks after entering the hospital.

When we took charge of the case the following was his condition: He was emaciated and anæmic. Countenance had an anxious expression. He was extremely debilitated. He complained of a pain in the region of his heart, and imagined that he had cardiac disease. Much headache also troubled him, and a sort of rush of blood to the head when ascending a stairway, which process fatigues him greatly. His heart palpitates strongly on any exertion. Pains in the bones also annoy him. Pulse feeble. Tongue coated. Appetite poor. Lungs healthy. There is a murmur at the base of the heart, which is most probably an anæmic murmur. For the last two weeks, he has had about six scanty passages in the course of the twenty-four hours. He sometimes has had as many as fifteen passages in the day. His bowels are extremely tender upon pressure. The *diagnosis* made was *chronic dysentery*, and the *treatment* commenced was the following:

℞. Bismuth subnit., ʒi.
Acidi tannici, ʒss.
Morphiæ sulph., gr. ij. M.

Div. in chart. no. xij.

S. One four times a day.

This prescription was subsequently changed to the following:

℞. Cupri sulphat., gr. vj.
Pulv. opii, gr. xij. M.

Div. in pil. no. xij. S. One three times a day.

Under this latter prescription, he seemed to improve considerably.

Oct. 8th. To-day, at the advice of the Visiting Physician, Prof. B. W. McCready, he received the following injection:

℞. Crys. arg. nitrat., gr. xxx.
Aquæ, f.℥viij. M.

S. f.℥iij. to be used each day, as an injection.

This appeared to relieve to a certain extent the tenesmus and a severe pain in the right iliac fossa, from which he had been suffering considerably.

Oct. 11th. Has had no passage since about two hours after the injection on the 8th, but has suffered for the last twenty-four hours from a great pain over the lower portion of the abdomen. Was ordered a mustard poultice over his abdomen, and a warm bath.

Oct. 12th. Took a dose of castor-oil, which opened his bowels.

Oct. 14th. His bowels are again loose, he having from six to eight passages in the twenty-four hours. Pulse 120, and quite full. Much pain in the right iliac fossa since yesterday. Ordered full dose of morphia.

Oct. 15th. No improvement. No decrease of the pulse, and skin is quite dry. Tongue slightly coated. Abdomen tender. Morphia continued.

Oct 18th. Becoming very weak. No appetite. Pulse 110. Ordered whisky, milk, and eggs.

Oct. 19th. About the same.

Oct. 21st. Considerable improvement. This morning had an injection of

℞. Bismuth subnit., ℥j.
Muc. gum. acaciæ, Oj. M.

S. f.℥ij. to be used in each injection.

Oct. 27th. Gradually improving. About four passages a day. Gaining strength. Pulse good.

Nov. 1st. Improving rapidly. Gaining flesh. Is taking regularly his pills of sulphate of copper and opium, which he thinks have done him more good than any other treatment.

Nov. 14th. Discharged, feeling much better, having only about two passages in the course of the twenty-four hours, and these quite natural.

*Remarks.* Chronic dysentery, called in the army chronic diarrhœa, is often a most intractable disease. In these unfortunate cases, almost everything taken into the stomach brings on repeated discharges from the intestines, owing to the morbid excitability of the intestinal canal. The discharges are dark, offensive, and mixed with thin pus and blood. The appetite is poor, and there is frequently nausea and vomiting. The digestive and nutritive functions are interrupted, and this, together with the griping pains and tenesmus rapidly exhaust the sufferer. The patient's countenance becomes dull, his features sharp, his eyes sunken. His skin is yellow, and the palms of his hands hot and dry, and the discharges sometimes become painfully acrid.

The *causes* of chronic dysentery are repeated attacks of the acute form, the abuse of purgatives, exposure to a cold humid atmosphere, and intemperance.

"The state of the intestinal tube in those who have fallen victims to the disease, is very various. In some cases the mucous coat, particularly of the large intestines, is somewhat thickened, spongy, and pale; in others its anatomical characters are entirely changed, large portions of it presenting a smooth, glassy, mottled appearance, as though its surface had been covered with a thin coating of dirty varnish. Occasionally large patches of the mucous membrane of the colon or rectum are of a dark mahogany or of a slate color. Traces of follicular inflammation or of ulcerations, more or less extensive, are not unfrequently met with, especially in the ilium and colon. Dr. Stokes notices a form of chronic diarrhœa as of common occurrence, dependent upon ulcers situated close to the verge of the anus; these ulcers occur chiefly in persons of a broken-down constitution, and those who have taken a great deal of mercury; we have repeatedly observed them also in individuals who have been in the habit of using almost daily the various pills composed chiefly of aloes, soap, and scammony, or gamboge, of which vast quantities are vended in the United States as a popular remedy for almost every ailment. The ulcers, situated just within the anus, produce irritation in the colon, tenesmus, griping, frequent discharges by stool, and most commonly during the straining, a little blood is passed. The presence of the ulcers may be at once detected by an examination of the rectum; which examination, as Dr. Stokes very correctly remarks, should invariably be made in all cases where the diarrhœa has been of long standing, and has resisted a great variety of treatment, where it is attended with tenesmus and a desire of sitting on the night-chair after a stool has been passed; and finally, where the patient's health does not appear to be so much affected as it naturally would be from long continued disease of a large portion of the great intestine."

*Treatment.* The regulation of the *diet* is an all-important element in the treatment of this disease. The food should be nutritious, but of a nature as little irritating as possible to the intes-

tines, and one that leaves but a small quantity of excrementitious matter. Rice, plain meat broths, beef tea, and if well-borne, tender chicken, turkey, and mutton may be taken. Our patient took plenty of milk, which appeared to agree with him very well. A little fresh meat and dry bread agree well with some patients. The patient should wear flannel next to his skin both summer and winter, and a broad belt of flannel around the abdomen. He should also seek a mild, dry, equable climate. A change of climate alone will often check and cure some of the most troublesome cases of this nature. This we see exemplified in the amelioration of all the worst symptoms, in persons who have long suffered at the South with chronic dysentery, as soon as they reach the North. The patient should be in the open air as much as possible. If he cannot walk, he should ride in an open carriage, or sail daily in a boat. The warm bath followed by brisk rubbing of the body has often been of great benefit to the sufferer.

The chief *internal remedies* are opiates and astringents. Morphia appeared to be the favorite and most successful remedy employed in the chronic dysenteries of the Crimean war. The dose was one grain of the hydrochlorate, with aromatic spirits of ammonia and nitrous æther, three times a day. Some speak very highly of injections of the subnitrate of bismuth in large quantities, and others of persulphate of iron, the dose being five to fifteen drops in a wineglassful of water. Of the numerous remedies recommended, the one that has met with the most success in our hands in the cases of chronic dysentery treated during our residence in Bellevue Hospital, has been the *sulphate of copper* with opium. Dr. D. Francis Condie, in his edition of Watson, in speaking of this disease, says: "The *sulphate* of *copper*, which has been employed in combination with opium by Dr. Elliotson, with the most decided success, has repeatedly succeeded in our hands in arresting the disease under circumstances the most unpromising. The mode in which we have generally employed it, has been in a quarter or one-third of a grain doses combined, with two grains of extract of quinia, and a fourth of a grain of opium every three hours." But it must be remembered that unless the strictest attention be paid to the *diet*, medicine is useless.

—— The Corner-stone of Rush Medical College, was laid with Masonic ceremonials, in due and ancient form. Particulars in next *Journal.*—*Chicago Med. Journ.*

## EXCISION of the OS CALCIS for CARIES.

By Isaac Scott, M. D.,

Of Parkersburg, W. Va.

J. D. O., the subject of the following operation, is a citizen of Parkersburg, West Virginia, aged forty-two years, and by occupation a house-carpenter.

He injured his heel by a fall from the roof of a two-story house some nine years ago, and during the period elapsing between his fall from the house and the operation, he suffered much from pain, frequent suppuration, and an almost constant discharge of pus from sinuses in the sole of the foot, corresponding with the region of the os calcis.

On examining the part affected with a probe, the os calcis was found to be extensively affected with caries.

The patient having become much reduced in strength and flesh by the continuous pain and discharge, which rendered him wholly unable to follow his occupation, and being anxious to save his foot, the removal of the os calcis was determined on.

On March 1st, 1866, the patient was brought fully under the influence of chloroform, and assisted by Drs. M. Campbell and J. T. Cooper, the patient being turned on his face, I made an incision about four inches in length, commencing on the inner side of the tendo-Achillis of the right foot, and extending obliquely through the sole of the foot in a line corresponding with the outer border of the external plantar artery. I then made a horse-shoe incision around the heel, severing the tendo-Achillis, and carried it along the sides of the foot to a point on the inner side, within a line or less of the posterior tibial artery, and to a little beyond a corresponding point on the opposite side of the foot.

The flaps were then dissected up, the knife being carried close to the bone, until the whole under surface of the os calcis was well exposed. The inter-osseous ligaments were divided, but the bone was still held down firmly by its attachments, but by evulsion with the fingers and a careful use of the scalpel, the entire os calcis was detached from its connections with the astragalus and cuboid.

The surrounding surfaces being found healthy, the flaps were brought together and retained in position by sutures, adhesive straps, compress and bandage.

In two months after the operation, the patient was able to resume his occupation of house carpenter, which occupation he has been continu-

ously following up to the present time. He is able to walk without difficulty, with the aid of a cane and some horse-hair in the heel of his boot.

In making the incisions in this case, as described above, I avoided wounding the posterior tibial and plantar arteries, and consequently had but little hemorrhage, and had free access to the whole of the os calcis.

# Hospital Reports.

Pennsylvania Hospital,
*February* 13*th*, 1867.

Clinic of J. M. Da Costa, M. D.

Reported by Dr. Napheys.

### Pathological Specimen. Gray Tuberculization of Lungs, Fatty Heart and Liver.

Wm. B., about 52, was admitted into the hospital February 2d; breathing very short, and suffering from what appeared to be an attack of congestion of the lungs, bordering upon inflammation. He stated that he had been perfectly well three days before admission, when he was seized with great difficulty of respiration. The progress of the case and the results of the autopsy have thrown so much doubt upon this point, that it may be set aside as not correct. He could not give a satisfactory history of himself, of his previous mode of life or means of support; but he had lost a leg, and during his mental aberrations spoke much of operations before Petersburg, and of a soldier's life. At the time of admission he was much depressed, extremely weak, with a pulse of 140; respirations 44, and labored; and his mind vacillating between the hallucinations of delirium and the hepitude of stupor. A number of dry cups were placed over the posterior and lateral portions of the left lung, which was the one principally affected though not the only one; for while in the left lung there was considerable dulness on percussion posteriorly, with coarse crepitation, and well defined blowing breathing, on the other side there were also râles and some coarse crepitation.

The patient was very much in this condition when Dr. Da Costa took charge of the wards, excepting that he had been placed on stimulating treatment to counteract the evident depression. He had also been cupped over the lungs. In the course of the next three days the thoracic symptoms became less marked, but his mind did not clear up. He would give a tolerably correct answer to a question, to all appearance, but that answer could not be depended upon, for he would contradict it soon after. He was very restless, wanting to get out of bed. He had no strabismus, no vomiting, but there was considerable sensitiveness of the surface, if he were touched he seemed to feel it with preternatural sensibility. He remained in this condition until a few days before death, which took place yesterday. In the treatment the stimulants were continued, as it was evident the man was dying from exhaustion. To counteract the restlessness and tendency to convulsions, he was ordered assafœtida injections three times a day, not wishing in the state of his brain to give opium in large doses.

The clinical history embraces three distinct points of interest; first, that of intemperance; secondly, that of what appeared, and what was from his own statements, an acute thoracic attack with much congestion, and partial consolidation, but never with the signs of active pneumonia, and affecting the left lung more than the right, but not limited to it; thirdly, the point of greatest interest, the character of the cerebral symptoms. During life the question of meningitis was set aside, and the autopsy has proved this view correct.

In the first place. as to the result of intemperance, this man has the typical fatty liver which is presented by drunkards. Every one who has a fatty liver is not necessarily a drunkard, for it sometimes occurs in wasting diseases, as in phthisis, cancer, etc., but in drunkards it is preeminently found. There is also capillary congestion of the portal veins, giving to the liver a mottled appearance, and constituting what is called a nutmeg liver.

He has a fatty heart to a very marked degree. The ventricles are very thin. Evidently there has been partial degeneration of the muscular structure of the heart itself. It is flabby, and tears easy. It is not only covered with fat, but there is every reason to believe that the microscopic elements of granular fat would be found in the muscular structure of the walls themselves. Such a heart is very apt to occur in wasting diseases, or in drunkards. It was discerned during life by the feeble character of the heart-sounds.

The lungs present a most admirable illustration of the form of tubercle known as gray, infiltrated tubercle. The left lung, which showed during life signs of consolidation more or less perfect, but never those of complete solidification, on being cut into gives a perfect illustration of the infiltrated tubercle. This is not ordinary tubercle. The right lung is very much more healthy, but the same thing was going on there, though to a less degree, than in the left.

The pathological character of gray tubercle is different from that of ordinary tubercle; in truth there are some, not only among the older pathologists, but among those who represent the most advanced of the recent schools, who refuse to class it with tubercle, looking upon it as merely one of the results of inflammation with peculiar exudation, or of special alterations in lymph. The disease has been called tubercular pneumonia, implying the height of inflammation. Everybody admits that it has not the peculiar pathological characteristics of tubercle well developed, that in some way it is connected with a process of inflammation; therefore, to have called this case one of tubercular pneumonia, would have been to bring with this connection not only the clinical but also the pathological evidence of the case.

The brain shows a large amount of sub-arachnoid effusion and well-marked congestion, but no signs of inflammation. Having thus excluded

acute inflammation of the brain, it remains to be solved whether there has been softening. This man could scarcely have had acute softening of the brain, but he may have had chronic softening. There is, however, nothing in its appearance which indicates any disease of the brain-structure itself.

This case, presenting cerebral symptoms so marked, with so little organic disease to account for them, may be explained partly by the man's intemperate habits, and partly by the vitiated state of his blood, but mostly by the cachexia under which he was laboring. It shows that a man with tubercular infiltration in the lung may have delirium without tubercular meningitis, without tubercles of any kind on the brain. The mere presence of marked cerebral symptoms in an acute chest case, whether tubercular or not, is nothing very uncommon; and care must be taken not to attribute to inflammation of the brain, specific or simple, what may be due to vitiated blood and other causes.

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Jefferson Medical College,
*June* 12, 1867.

## Surgical Clinic of Prof. Gross.

Reported by Dr. Napheys.

### Lithotomy Case.—Operated on June 5th.

Francis L., æt. 17. This patient was operated on for stone in the bladder one week ago to-day. (Vide p. 519.) He is doing well, has not had a solitary untoward symptom. The wound is rapidly closing. For the first four days his bowels were kept locked. Then he took a little citrate of magnesia.

### Epithelioma Cases.

Geo. F., æt. 53. This man was operated on last Wednesday for the relief of cancer of the lip, involving the side of the cheek. (Vide p. 518.) The parts were approximated by several twisted and interrupted sutures, and union has taken place by the first intention throughout.

Wm. R., æt. 67. This patient, who was operated on three weeks ago, vide page 460, has now an excellent lip. In this case also there was union by the first intention.

### Hare-lip Case.—Operated on June 5th.

Wm. E., æt. 13 days. This child was operated on for hare lip one week ago, and when, consequently, it was but six days old. Admirable re-union has taken place, thus showing that the operation may be performed successfully at a very early period in the life of the child.

### Talipes Equinus.

Thos. A., æt. 10. For the last six years this boy has walked badly. He has partial paralysis of the muscles of the lower extremity, and in some of the muscles of the right forearm. His general muscular power is deficient. His right heel is raised about four inches from the surface, owing to the contracted condition of the tendo-Achillis, and the extensor of the big toe raises it at almost right angles to the foot. The tendons of both these muscles were divided subcutaneously. It will not be necessary in this case to use any apparatus. After three or four days' confinement he can walk about, when the pressure of his body will bring the heel down.

### Strabismus.

Annie G., æt. 9. She has had internal strabismus for four years, cause unknown. The left eye is the only one affected. If the other be involved, it is to such a slight degree as not to justify operative procedure. Before the age of puberty, even when contraction exists to a marked degree in both eyes, it is seldom that division of the offending tendon in both eyes is required. The practice of operating upon both eyes at the same time in a child is fraught with the danger of producing divergent strabismus, In a long standing case in an adult, however, both internal recti require division.

The child was placed under the influence of chloroform. A horizontal incision with the scissors was made along the lower border of the internal straight muscle, a hook passed underneath the tendon, which was elevated upon it and divided with the scissors. Then the edges of the opening in the conjunctiva were brought together by means of a suture of the finest possible thread. This suture causes union by the first intention, preventing the formation of proud flesh, what Velpeau calls a polyp of the eye. It should be removed at the end of three days.

### Gelatinoid Nasal Polyps.

E. G., æt. 20. This man's right nostril is obstructed by gelatinoid or cystic-like polyps. He snores loudly at night. Several tumors were removed by torsion with the forceps. These gelatinoid polyps consist essentially of a prolongation of the mucous membrane of the nose, enclosing a certain amount of cellular or cellulo-fibrous tissue, and a good deal of water, so that when punctured, the fluid will drain off. Hence the tumors are hygrometric, increasing in size when the temperature is moist, and diminishing when it is dry.

### Excision of Inferior Dental Nerve for Neuralgia.

A. B., æt. 64. This man has been suffering from the most atrocious neuralgic pain for three years. His suffering has been so great as scarcely to be tolerated. The pain begins usually in the lower jaw, at a point opposite the mental foramen, whence it passes up into the cheek, and thence into the temple, where it seems to explode. Twelve days ago, when he called to see Prof. Gross, he could hardly articulate without great agony. He was put upon large doses of quinia at bedtime, ten grains, with one-third of a grain of morphine, and was ordered three times a day a pill containing

| | |
|---|---|
| Quiniæ sulphatis, | gr. ij. |
| Acidi arseniosi, | gr. 1-20. |
| Strychniæ, | gr. 1-20. |
| Ext. aconiti, | gr. ½. |

Under this treatment the pain has been somewhat subdued, but not eradicated.

He was put under the influence of chloroform, four holes made into the lower jaw-bone by means of the trephine, and about two and a quarter inches of the dental nerve removed.

# Editorial Department.

## Periscope.

### Medicinal Rashes.

Dr. Tilbury Fox, (*Lancet*, April 13th, 1867,) says:

*Medicinal rashes* are important to remember. Hardy has especially noticed an eruption produced by the inunction of *mercurial* ointment. It is an erythema upon which vesicles form, and pour out a thinnish, clear fluid. These vesicles are quickly broken, the contents dessicate, and the redness remains for a week or ten days. It is clearly a local disease, and not a true eczema.

The *nitrate of silver* discoloration needs no further comment than this, that the silver seems to be deposited elsewhere than on the skin—the lining membrane of some vessel it is thought.

*Arsenic* is said to give rise to eczema. I have never seen this, but a lichen well developed about the face, neck, arms, and hands; and erythema of the palms of the hands, with violent fever, are sometimes produced. I am positive it can give rise to double vision, by disturbing in some way the accommodation of the two eyes. It can also induce erythema, especially of the face, and a puffiness about the eyes,—I mean in small doses, and during its early exhibition; and it has happened to me to see the very best results in these cases from the perseverance in its use, notwithstanding these occurrences, provided there are no gastric symptoms. I have seen herpes zoster come on during its exhibition, and some think that it may give rise to this disease. I am not disposed to believe in any direct influence, but that out of the changes that its use induces a condition may be brought about favorable to the occurrence of zoster.

*Iodine* produces erythema of the face sometimes, and local inflammation of course.

The friction of *croton oil* into the skin not unusually gives rise to an erythema of the face. I have been in the habit of using this topically and extensively for certain forms of dyspepsia, and I have often seen this erythema of the face symmetrical, lasting for a few days, with distinct heat, and this where there could have been no direct application of the remedy to the face.

*Bromide of potassium* may give rise to erythema and swelling of the nose; at least in one case this appeared to be its constant action, and in the experiences of those who have given the drug largely, an ecthymatous eruption: but this is probably due to its "lowering" or "liquefying" action, as in the case of *iodide of potassium*, which may induce purpura in a predisposed subject, and of course the erythema and other symptoms of iodism.

*Belladonna* produces a rash of rosy hue, fever, and a dry throat, with, of course, dilated pupils.

*Copaiba*, a rash well described by Judd in his work; a rosy erythema, of "pumiceous" aspect, as though the skin had been bitten by insects.

*Arnica* may produce erythema and swelling of the part to which it is applied.

*Sulphur*, in some cases, gives rise to a dry, red, dirty aspect of the skin, with an attempt at the formation of vesicles, perhaps an artificial eczema, and subsequent pityriasis, accompanied by much itching; mistaken for the continuance or increase of the original diseases, mostly scabies, and demanding the most soothing treatment. The last case I saw was that of a gentleman who had had scabies; he was ordered a series of sulphur baths, which set up an artificial eczema, and ecthyma from the scratching, that rapidly got well, (sooner than usual in these cases, for the sulphur impregnates the system,) by demulcent baths and soothing unguents. Sulphur baths should be used with gentleness, and I think the old-fashioned villanous compound sulphur ointment less vigorously, for I feel sure that it is often continued long after the original scabies is cured, upon which the secondary effects, erroneously regarded as the thing to treat, depend. I have seen grievous errors committed from a want of attention to the facts I have pointed out.

### A Case of Resuscitation after Two Hours' Apparent Death by Drowning.

John Dennan, Esq., (*Med. Press and Circular*) says: "On the afternoon of Tuesday, the 15th instant, about a quarter past four, I received, in the absence of Mr. Obré, a summons to view a dead body just withdrawn from the ornamental waters in Regent's-park.

While on the way I entered somewhat minutely into the particulars with my guide, and on my arrival determined to examine the subject very carefully.

The man was apparently *quite dead*, and I heard the following statement, viz.,—That he had left his abode in perfect health, and joined in the general amusements on the ice, and was one of those at some distance from the shore when the catastrophe occurred. I particularly observed that the patient was intensely cold, from having been immersed some minutes, and having struggled in the water for more than half an hour. There was neither breathing nor heart's action, the pupils dilated, the jaws clenched, and the limbs contracted, so much so that the clothes had to be cut off before anything could be done to the patient.

A frothy mucus covered the mouth and nostrils, the body was much swollen, and I had it placed on an incline at an angle of about 35°, as the body was so very cold. I commenced, with the assistance of the two men, who brought him home, to try to restore warmth by degrees, rubbing the chest and limbs thoroughly and swiftly with ice and snow, cleansing the mouth and nostrils from time to time, and adopting Silvester's method of artificial respiration for more than two hours. After a quantity of frothy mucus was discharged, slight signs of animation were perceptible, though so faint that I almost despaired.

I then had him well wrapped in blankets, placing large tins of hot water at the feet, and

mustard poultices on the chest, while the body was well rubbed with warm flannel under the blankets. I continued this treatment for three-quarters of an hour, at the same time continuing to imitate the movements of breathing. A decided improvement then took place. The patient's jaws relaxed, and he appeared to breathe more freely. I then administered two teaspoonsfuls of warm water, which caused him to vomit slightly. As soon as he commenced breathing freely I was able to give him a little warm tea, which he apparently relished. I may here observe that I could not induce him to take spirits.

The patient was now placed in a warm bed prepared for him, soothed to sleep, and all undue excitement prevented.

The patient was feverish for one or two days, but on the following Friday I had the pleasure of receiving a visit from him."

### On Carbolic Acid in Diphtheria.

Charles Sedgwick, Jun., Esq., Hollingbourn, Maidstone, (*Med. Times and Gaz.*) has been in the habit of using diluted carbolic acid as a gargle in cases of diphtheria and ulcerated tonsils for the last four years. Although of a disagreeable taste, he has not found the patients object to it after the first application, as it generally affords such great relief.

He says, "I usually give it in the form of a gargle, but in children by swabbing the throat out freely with it on a piece of sponge. When the disease has been taken early I have not failed in a single case, but have lost some where it had gone too far for medical treatment to be of any service. Carbolic acid has a decided effect upon the false membrane thrown out. The following is the form I usually prescribe:

| | | |
|---|---|---|
| R. | Acidi carbolici, | ℥xx. |
| | Acidi acetici, | ʒss. |
| | Mellis, | ʒij. |
| | Tinct. myrrhæ, | ʒij. |
| | Aquæ q. s. ut fiat gargarisma, | ℥vj. |

The carbolic and acetic acids to be well shaken together, the mel to be added with the aquæ gradually. With it I usually give tinct. ferri and quinine.

### A New and Valuable Remedy.

Nitrate of amyl has been attracting some attention here of late; and, if subsequent experience confirm the first results which have been obtained, this remarkable substance will ere long become officinal. Dr. Brunton, house-physician to the clinical wards of the Edinburgh Royal Infirmary, was led, from certain theoretical considerations, to think that the power which this substance possesses of lowering the arterial tension might prove useful in cutting short the paroxysm of angina pectoris. The results have fully answered the best expectations; for, in several cases in which the drug has had a trial, the spasm has almost immediately and completely been cut short, and the patient has passed into a state of perfect repose until the usual interval elapsing between the attacks has expired. It was Dr. Guthrie who, in a paper on the bodies of the amyl series, published many years ago in the *Journal of the Chemical Society*, showed that, when the vapor from a drop or two of nitrate of amyl is inhaled, it causes, in a few seconds, the most remarkable increase in the rapidity of the pulse, which often rises from the normal standard to 120, 140, or even 160 beats per minute. This increase in the pulse is, as Dr. Guthrie showed, accompanied by intense flushing of the face. All the symptoms disappear as rapidly as they commenced, and leave the patient perfectly well. Dr. Richardson has also investigated the physiological action of nitrate of amyl, and some remarkably interesting observations are to be found in his paper on the subject in the *Proceedings of the British Association*. The discovery of the fact that this most interesting substance is capable of affording relief in the most distressing of all the symptoms of heart-disease will, if confirmed, act as a fresh stimulus to those inquirers who would seek to ascertain the physiological action of the numerous bodies which the past researches in organic chemistry have called into existence.—*Brit. Med. Journal.*

### Hamamelis Virginica.

The following communication, from Dr. W. W. Durham, to the *Atlanta Med. and Surg. Journal*, attributes to this plant properties not generally known to the profession. He says:

"I will in the first place, in the articles I propose to write for your journal, bring to your notice the witch hazel or *hamamelis virginica*. It possesses properties in common with the black haw, or *viburnum prunifolium*, that is, the property of preventing abortion or miscarriage. At one period of my practice the negroes used the cotton root so frequently to produce abortion that my supply of black-haw became exhausted, and having heard of this power of the hazel to effect the purpose for which I used the haw, I resorted to it with perfect success. Having only used it for the purpose of preventing abortion, from the effects of the cotton root, I cannot speak of it in other cases.

"Its valuable action being generally well known, otherwise than in the case to which I have alluded, I will not speak of it.

"For the purpose of which I have spoken, steep one ounce of the leaves in one pint of water, and drink freely."

### Chlorate of Potash a preventive of Abortion.

Dr. Nunes, of Paris, confirms the surprising property lately attributed to chlorate of potash of preventing abortion. A young woman had aborted three times in seven months. Dr. N. prescribed five grains ter die dissolved in one ounce of water, taken eight days in succession. Repeating this from time to time, a normal delivery of a healthy boy took place at full term.

—— Astronomical. Our friend, Dr. H., overheard a *nymph du pave* request a good-looking stranger to retire awhile and spend "a few moments with Venus." "I beg pardon," was the prompt reply. "The last time I spent a few moments with Venus I was obliged afterwards to spend six months with Mercury."—*Exch.*

# Reviews and Book Notices.

## NOTES ON BOOKS.

Dr. J. R. Weist, of Richmond, Ind., has sent us a little pamphlet containing the statistics of one hundred and sixty-three cases of foreign bodies in the air passages. They do not include those given by Professor Gross in his work on that topic, and the results diverge considerably. The question to be decided is, whether it is, or is not, better to open the air passages by the knife in order to extract the foreign body. Of the 163 cases, 82 were operated upon, 81 were not. Of the latter 61 recovered, 20 died. After the operation of tracheotomy 19 died, 48 recovered, after laryngotomy 10 recovered, none died, and after laryngotracheotomy 5 recovered, and none died. So the difference in favor of operating reduces itself to less than 2 per cent., a merely nominal advantage, and quite far from the results obtained by Dr. Gross. In the face of these figures a surgeon need not be accused of timidity if he is slow about opening the trachea.

**American Pomology. Apples.** By Dr. John A. Warder, Pres. Ohio Pomological Society; Vice-Pres. American Pomological Society, etc. 290 illustrations. New York: Orange Judd & Co. 41 Park Row. 1 vol. 8vo, cloth. pp. 744. *Price*, $3.00.

**The Small Fruit Culturist.** By Andrew S. Fuller, Practical Horticulturist. Beautifully illustrated. N. Y.: Orange Judd & Co., 41 Park Row. 1 vol. 8vo. cloth. pp. 276. *Price*, $1.50.

**Gardening for Profit; a Guide to the Successful** Cultivation of the Market and Family Garden. Illustrated. By Peter Henderson. N. York: Orange Judd & Co., 41 Park Row. 1 volume, 8vo. cloth. pp. 243. *Price*, $1.50.

**Draining for Profit, and Draining for Health.** By Geo. E. Waring, Jr. Illustrated. N. Y.: Orange Judd & Co., 41 Park Row. 1 vol. 8vo. cloth. pp. 244. *Price*, $1.50.

**Squashes. How to grow them. A Practical** Treatise on Squash Culture, giving full details on every point, including keeping and marketing the Crop. By James J. H. Gregory. N. York: Orange Judd & Co., 41 Park Row. 1 vol. 8vo. paper. pp. 69. *Price*, 30 cts.

Very many of our readers reside in what the able editors term "the rural districts." Not a few of them are interested more or less directly in horticulture. To all such we heartily recommend this series of works, published by the energetic New York firm of Orange Judd & Co., and written, all of them, by persons thoroughly conversant with the matters they write of, both in theory and practice.

Dr. Warder's Pomology is the most complete description of the apple extant. He has taken up his subject in all its branches, *con amore*. Commencing with the history of the fruit, he discourses of its propagation, cultivation, and preservation; on the diseases and noxious insects to which it is exposed; on the site and training of orchards, and describes in plain but correct language over 1600 varieties of apples. The illustrations are very good, and the price for the volume very low.

Mr. Waring's work is one which has an interest beyond the branch of agriculture it treats of. He discusses with ability the influence of drainage, and the right kind of drainage on the health of communities in town and country, and every physician who would inform himself on this all important topic would do well to consult its pages.

The authors of "Gardening for Profit," and "The Small Fruit Culturist," are both working gardiners who have made money from their business, and disclose the secret of their success. We are glad to see this character of agricultural works offered to the public. It is a lever which tends more than aught else to do away with that prejudice against "book larnin" which is still strong among farmers, and to disperse the old superstitions which still linger in incredible force in many of the more secluded districts.

**The Journal of Speculative Philosophy.** Wm. T. Harris, Editor and Publisher, Box 2398, St. Louis, Mo. 8vo., pp. 64. $2.00 per vol. Single numbers 75 cts.

With all the hard practicality of American life, there is in it a strong undercurrent of speculative thought, a liking to dwell on the immaterial and mysterious part of nature. Left to itself, this tendency degenerates into spiritualism, table-rapping, mesmerism, and all kindred follies, in their foolishest phases. Trained and instructed, it can find a boundless and worthy field in grappling with those subtle questions which in all ages have claimed the attention of master minds. There is with us a want of such instruction, and we believe that Mr. Harris' journal will supply this want, and meet with a cordial welcome. The articles in the numbers before us are chiefly expositions of the philosophy of Hegel, Fichte, Spencer, and Goethe, as applied to art and science. They are well written, and calculated to stir up salutary thoughts on the leading questions of the day. The enterprise is a novel and a bold one, but the ability which these its first fruits give proof of, and the increasing importance yielded to a knowledge of the underlying principles of science, make us hope that the editor will be sustained in his endeavor.

Medical and Surgical Reporter.

PHILADELPHIA, AUGUST 3, 1867.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

## LIQUORS AND TOBACCO IN OUR PUBLIC INSTITUTIONS.

We would call the attention of our readers to an article appended to this, on the Alcoholic Treatment of Disease. There are several considerations which should insure for this subject the earnest and conscientious attention of medical men. Among these are, that the stimulant treatment is carried to great excess by some physicians, and if no direct therapeutic harm results, the patient is often exposed to all the horrors of acquiring a taste for intoxicating drinks.

Again, the uncertainty of the action of stimulants, in consequence of their almost universal adulteration, make them in all their forms very unreliable as remedies. We are not fully prepared to discard them from practice altogether, but believe, on the contrary, that in many diseases and conditions of disease, they are very useful, if not indispensable, when they can be had pure. Adulterated, drugged liquors, must often be deleterious rather than beneficial.

Furthermore, it is a question whether it is not high time to discard their use almost, if not quite altogether, in our public charitable and penal institutions. These liquors are the direct or indirect cause of most of the pauperism and crime with which our communities are afflicted. Where stimulants are needed, those of a more substantial and permanent character are surely indicated. We have no means of knowing the total amount of malt and spirituous liquors used in all the charitable and penal institutions of this city, but we know that the original appropriation under this item to one institution for the year 1866 was $8000, and it may have been increased by transfer of other items to it before the close of the year! It is our belief that $1000 worth, if used in cases of extreme sickness, and for *no other purpose*, would make a better health record at the close of the year, to say nothing of the gain to morals and economy. If anything more is needed for supportive treatment, let some of the more substantial stimulants, that are well known to the profession, be used. One-half the amount wasted on alcoholic stimulants, used in improving the diet of the sick and the laboring portion of the inmates—in other words, putting them in the best possible condition of health on actual not artificial stimulants, depriving them religiously of any means of keeping alive their morbid appetites, might be the means of restoring many of them to society as useful members.

The utter demoralization caused by intoxicating drinks, as witnessed in our almshouses, is well described by Mr. Lewis in the article referred to. The traffic in clothing and other property belonging to the institutions to procure liquors, is carried on in the same way in ours. The annual loss of property in this way is immense. Another thing Mr. Lewis might have referred to—for we doubt not it prevails there as well as here—and that is, the smuggling of liquor into these institutions, and their regular surreptitious sale by the inmates to each other. A "soaker" who is initiated into all the mysteries of our public institutions, can always get his "bitters."

There is an unaccountable opposition to immediately withdrawing stimulants from these miserable sots when they are brought into our public institutions. In an experience of several years in a large pauper institution, it was our almost uniform practice to do so, and we never knew any bad results from it.

It is the practice in most, if not all of our institutions, to furnish rations of tobacco to the inmates, and some misguided persons have actually made bequests for this specific purpose. It should not be done. It keeps alive a morbid appetite, which, under strict regulations, might in some instances be cured. Alcoholic and malt liquors and tobacco should be tabooed commodities in our public institutions, except in very rare cases.

### *The Alcoholic Treatment of Disease.*

The *British Medical Journal* says, at a recent meeting of the Edinburgh City Parochial Board, Mr. D. Lewis moved

"That the Board forward a communication to Mr. Duncan M'Laren, one of the members of Parliament for the city, requesting him to move in the House of Commons for a return of the quantity of whisky, wine, and other alcoholic liquors medically administered by the various Parochial Boards throughout Scotland, with the annual average of inmates and the returns of mortality for the last five years."

He stated that during the month ending 14th February, there had been administered as medicine to 88 patients, 96 bottles of whisky; and to 41 patients there had been administered 36 bottles of wine; and when it was considered that no fewer than 20 died during the month under this treatment, it would be evident to all that this is a subject upon which inquiry is imperatively demanded. In a recent inquiry, he found that of 611 paupers in the workhouse, 407 had found their way thither directly through drink. No fewer than 287 suits of new clothing had, during the last fourteen months, been carried off on the persons of drunken and dishonest paupers, and

disposed of to parties whom he regarded as equally culpable, if not absolutely criminal, seeing that these clothes were all marked as the property of the Board, and cost the ratepayers no less than £358. The means and contrivances adopted by these drunken creatures to enable them to scale the walls and elude the vigilance of the officials had been of the most extraordinary character, and such as could only suggest themselves to the minds of those cursed with the ungovernable appetite for strong drink. He quoted the experience of Dr. Nicolls, of Longford, which has already been stated in the *British Medical Journal*; and of Mr. Higginbottom, of Nottingham, who for thirty years has never prescribed stimulants, and finds his results perfectly satisfactory; of Dr. Collenette, of Germany, who says:

"For twenty-one years I have banished all intoxicants from my practice, and during that period I have not made fewer than 180,000 medical visits, and I hesitate not to say that the recoveries have been more numerous and more rapid than they were during the five years I followed the usual practice, and administered brandy, wine, and beer."

He had been informed by Mr. Smith, the governor of the jail, that out of 150,000 criminals who had passed through his hands—many of whom had been great drinkers, and whose liquor was cut off when they crossed the jail door—not one case of injury had occurred by the drink being taken from the person at once. In connection with this subject, we may state that Dr. Phelan has called in question Dr. Nicoll's statements. Dr. Nicolls addressed to the Longford Guardians a letter affirming their accuracy and courting inquiry, and the Guardians have passed a resolution, of which we have received a copy, to the effect that they are "perfectly satisfied with the manner in which the Fever Hospital patients are treated by Dr. Nicolls, their medical officer; and that the remarks made thereon by Dr. Phelan are unfounded and uncalled for."

## CONSANGUINEOUS MARRIAGES.

Recently a French physician took the pains to visit certain secluded vallies of the Alps, and to question those versed in local lore as to the parentage and relationship of the villagers. They were a sturdy healthy set; yet not a little to his surprise, he found many of them children of first and second cousins, who, in turn, were the progeny of parents not more distantly related. Then there is the familiar fact that stock is improved to its "possible," in no way more certainly than by close breeding—"in and in," as it is technically termed. Such examples leave the question of the propriety of blood marriages still *sub judice*, and there were not the slightest difficulty in piling up a formidable amount of evidence to prove either that they are or are not injurious.

The whole subject deserves to be gone over once more, the facts winnowed and classified, and all new light from the analogy of the lower animals and recent observation concentrated on the points at issue. They are of the highest practical importance, often touching the dearest happiness of life, and we are doubly glad, therefore, that the New York State Medical Society has appointed a committee to investigate and report on them. Dr. Robert Newman, 128 West Houston street, N.Y., is the chairman, and those of our readers who have in mind such marriages will confer a benefit on science by forwarding to him, before November next, replies to the following interrogatories: 1. Name (initials) and age of husband. 2. Nativity. 3. Age when married. 4. Constitution. 5. Health, deformities, peculiar diathesis. 6. Health of his family, hereditary diseases, deformities, etc. 7. Name (initials) and age of wife. 8. Nativity. 9. Age when married. 10. Constitution. 11. Health, deformities, peculiar diathesis. 12. Health of her family, hereditary diseases, deformities, etc. 13. How are the parties related to each other? 14. How long married? 15. How many children, or sterility? 16. Abortions; cause; how many, and at what period? 17. Children died, at what ages, and from what diseases? 18. The constitution, age, and present health of living children, deformities, mental conditions, idiocy, cretinism, deaf, mute, blind, epilepsy, albinism, insane, etc. 19. Remarks and other information.

## WHO IS THE CHIEF BENEFACTOR?

Not long since we saw recorded the death of an old lady in Maine, of whom it was said: "She left, as a legacy to the State—fourteen children." Again, the Dundee *Courier* relates that in the village of Anstruther, in Fife, Scotland, there is living an old lady, Mrs. Young, whose descendants—sons and daughters, grandchildren, great-grandchildren, and great-great-grandchildren—number one hundred and fifty-nine.

These are only two instances which happen just now to be at our hand, out of many that are either constantly floating through the current literature of the day, or are unrecorded, and with which our readers are all more or less familiar, without, perhaps, fully realizing the bearing of the cases on the interests of the State.

The ancient Greeks and Romans did everything in their power by public enactments to increase the wealth of their States, by encouraging the growth of families. Single life, sterility, and loss of offspring were regarded as calamities, and the former, except where it was strictly a religious sacrifice, was regarded with decided disfavor. It was so with the ancient Hebrews, and with other ancient nations. An abortionist, in those days would have had a very short shrift.

What would have been the fate of the Madam Restells who flourish on the main fashionable thoroughfares of our cities, had they attempted to ply their abominal arts on the principal streets of ancient Jerusalem, Athens, or Rome?

In the instances referred to, at the commencement of this article, the large families of children, if well brought up, are the best possible legacy that could be left to the State, and we as a nation, or as States, would do well to *pension* those parents who legitimately add to our sources of wealth and power by raising large and well ordered families. This, we believe was done by some of the ancient nations.

We have no desire to detract in the least from the merits of those who have from time to time made legacies or donations to our country; but we cannot help looking at the comparative importance of such legacies as those of SMITHSON, and the gentleman in California, who, dying recently, left a large sum of money the interest of which was to be applied to the payment of the public debt of our country, and the princely donation of PEABODY for its educational interests, with that of the poor woman who recently died in Maine, leaving "a legacy of fourteen children to the State," immensely to the advantage of the latter, supposing, of course, that her children had been properly reared. The merest tyro in arithmetic can figure up the simple interest in the one, and the compound interest in the other case. And yet it may be that the State of Maine let that poor woman live the life of a pauper during her later years, and fill a pauper's grave, for such cases are occurring every day!

# Notes and Comments.

### The Public Health.

The deaths in New York city for the week ending the 27th ult., was 678;—an increase of 97 over the previous week, chiefly from cholera infantum. There were no deaths from Asiatic cholera. In this city the deaths were 371;—an increase of 22 over the previous week. No cholera. The deaths for the corresponding week of 1866 were 472.

MEMPHIS, July 23d. Cholera is decreasing here. Accounts from Arkansas represent the disease prevailing on the plantations in the vicinity of Pine Bluff, Des Arc, and Helena. One planter near the latter place lost 25 hands last week.

LAWRENCE, Kansas, July 23d. The cholera is raging badly at Forts Harker and Hayes. Fifty-two new cases were reported at Fort Harker on Saturday, and 17 deaths. Seven cases occurred in one family at Salina, which resulted in three deaths.

NEW ORLEANS, July 23d. *The Indianola Bulletin* of the 18th inst. reports that the yellow fever is on the increase, and there are cases in every house in town; and makes an appeal for assistance in the way of money and hospital supplies. The fever has also broken out in Lavacca, Texas. *The Bulletin* reports much suffering, many families being destitute and without a protector, and requests contributions for the sufferers. All such, sent to the Mayor of Indianola, will be turned over to the Howard Association.

The cholera at Fort Gibson, Cherokee Nation, is greatly on the increase, and is creating considerable commotion in that vicinity. There is no doubt of its epidemic character, and the impression prevails that it may continue for months.

*The Huntsville* (Ala.) *Independent* says: "The mortality from cholera in Memphis is fifty per day." The Memphis papers are silent on the subject.

Country papers report considerable cholera in the low grounds of the Lower Mississippi valley, the disease being chiefly confined to negroes.

Yellow fever is still prevailing in Havana. There were one hundred and twenty deaths in June out of seven hundred and fifty cases.

Twelve cases of cholera and four of yellow fever were reported in New Orleans last week.

### The Army Diet Table.

Lieut. Col. C. C. KEENEY, Surgeon U. S. A., has been detailed as a member of a Board to examine and report upon the kind, quality, and quantity of the ration to be issued to the troops about to occupy three posts in the territory lately purchased from Russia. Consideration will be given to the fact that beef cattle and sheep are not procurable in the territory, but will have to be introduced by the troops, but fish is very abundant.

Will not our troops in those regions be obliged to accustom themselves to the favorite diet of the natives,—whale, seal and walrus blubber, train oil, and other like delicacies! Will they not require some such substantial support in the more northern section of the country? Bear's meat, wild fowl and eggs, with preserved meat, milk and vegetables, offer a chance for a change of diet. Verily—between the extreme north, and the extreme south, the diet table of our army

needs to be very accommodating to meet all the necessities of climate!

"A Substitute for the Stomach Pump."

Dr. S. G. Lane writes: "In the Medical and Surgical Reporter of April 6th, there is a communication from Dr. Park, of Mobile, in which he suggests the use of a gum elastic catheter and Davidson's rubber syringe, as a substitute for the stomach pump. This is a return to first principles. As early as 1812, Dr. Physick washed out the stomach by a common pewter syringe and a large flexible catheter. The use of the stomach pump, he thought, originated with himself, as he had recommended it in his lectures as far back as 1800; but he subsequently ascribed the merit of its invention to Dr. Munro, of Edinburgh, in 1797. See account of a new Mode of extracting Poisonous substances from the stomach, by Philip S. Physick, *Eclectic Repertory*, vol. iii."

Adulteration of Malt and Spirituous Liquors.

The physician has occasion sometimes to prescribe malt and spirituous liquors in his practice, though it should always be done with the utmost caution and judgment, remembering that while, when properly used, they may be very good servants in sickness, there is always some danger of their becoming bad masters in health.

But, unfortunately, there is so much adulteration of these liquors, that it is impossible to know when they are employed, what the patient is taking. This makes the conscientious physician afraid to use them. The London *Lancet* speaks of the extent to which *Cocculus Indicus* is used in the manufacture of English beer. It says:

"The quantity of beer consumed in England is enormous, being now about 100,000,000,000 gallons per year, and it is increasing at the rate of 40 per cent. every ten years! It is known that this substance is used to stupefy fishes, so that they may easily be caught, and that it acts very injuriously on the health; but there is no direct proof that the brewers use it—only it appeared that last year 50,000 pounds were imported from India, enough to drug 120,000 tuns of beer. And if it is not used for this purpose, the question is, What becomes of it? as it is not used at all in medicine, nor in any other branch of art or industry. The conclusion is that the brewers use it secretly—and this would explain the peculiar kinds of headaches and mental diseases now so prevalent in England among the consumers of certain kinds of beer. The editor of the *Lancet* thinks that the English Government ought to put a heavy import duty on this highly injurious drug, in order to prevent its use."

Erratum. In the Reporter for July 20, p. 48, first column, line 22d from top, for "epidemic," read endemic.

☞ A very interesting letter from Dr. Maxson, written from London, came to hand just too late for insertion in this number.

# Correspondence.

## DOMESTIC.

Professional Relationship of Physicians and Apothecaries.

Editors Med. and Surg. Reporter:

It is stated that the question of the reciprocal duties of physicians and apothecaries has recently been the subject of discussion at a meeting of one of our medical societies. This would appear to indicate that the medical profession of Philadelphia is not satisfied that the present status and relationship of the two professions to each other is the best that could exist. And certainly, only the most superficial examination of the subject is necessary to convince any one that such is the fact; and to prove that the interest neither of physicians, nor apothecaries, nor of the community at large, are at all subserved by the present reciprocal relations of the professions to each other.

It would be supposed that the medical profession, from their superior education, intelligence, and influence, would have in a great measure the control of the matter in their own hands, and doubtless such is and ought to be the fact. And it would also be supposed that they would use their influence in a way to promote the true interests and advantage of all concerned. On the contrary, however, pursuing a policy most suicidal and destructive, they have fostered and continue to support a system of ethics, prejudicial not only to the interests of all legitimate practitioners of medicine, but so subversive of the business of the scientific and practical pharmaceutist, that the latter finds it, in many instances, difficult to live by his calling, and is fain to combine with it other employments and occupations incompatible with the duties, and beneath the dignity of a scientific druggist; at variance with his sense of the proprieties of business, and most offensive to the professional sense of the physician, who is of necessity his constant visitor, friend and associate.

This condition of affairs has obtained for a long period, gradually going on from bad to

worse, and from worse to worst, until at the present time it would be difficult, if not well nigh impossible, to find a skilled and scientific pharmaceutist devoted to his profession, pursuing it for itself alone, and realizing an honorable and comfortable subsistence from it. Many able and high-toned gentlemen there are in the profession doubtless; but not having been sustained in carrying on their business as it ought to be legitimately conducted, they have been forced to find pecuniary advancement in various irregular and improper practices, to the great detriment, as has been said before, as well to the interests of physicians as of themselves.

A few of the non-professional proceedings of pharmaceutists directly encouraged and sanctioned, or tacitly permitted by physicians, may be briefly alluded to. Some of them are so venerable from long-continued habit, or so confirmed by universal custom, as to appear essential parts of the pharmaceutist's trade; yet their impropriety has only to be adverted to, to become self-evident.

And first, in regard to the traffic in the so-called patent medicines; but which are more correctly described as secret medicines (the formulæ being known only to the proprietors). These medicines of some merit, of little merit, and of no merit, are all, as is well known, kept on hand in our drug-stores. They occupy no little space on the counters, in the cases, and upon the shelves of these establishments, and are at least as conspicuous as anything in the store. The gaudy and expensive show-cards are most conspicuously placed to be seen from the street or from within, and, of necessity, attract the attention of every patient of a physician who goes thither to have a prescription compounded. Can the apothecary, who is pecuniarily interested in the sale of these articles, do less than assert (when his opinion is solicited, as it is in five-sixths of the cases,) that such and such a remedy is good for such and such an affection; it having been prepared for that disease. He *must* say that it is *probably* good, or is *said to be* good, for this or that complaint. Ought the friends of sick persons, or the sick themselves to have their confidence in their physician or his remedies lessened by having vivid and circumstantial accounts of astonishing cures thrust upon their attention whenever there is occasion to have a prescription compounded. Is it for the benefit of either the physician or his patient, when the mind of the latter is weakened by disease, anxiety, and suffering, that he should be forced daily to see and read how Dr. Cureall's Universal Analeptic restored to health a victim whom all the regular practitioners in the city had given up to die? Yet physicians constantly subject their patients knowingly to just such influences; and still are apparently astonished to find that occasionally their treatment is abandoned, to be followed by the administration of some puffed-up nostrum. Fortunate, indeed, is the poor patient, should the preparation be wholly or in part suited to his case; too frequently the reverse obtains, and while the physician loses his fee, the patient loses his life.

Let quacks bolster up and sell their own nostrums, and let them and the community take the responsibility. Apothecaries of all others should have no part in the traffic, for their knowledge of the action of medicines teaches them how injurious they must be when injudiciously administered. An excellent remedy in one diseased state of the system may become under other circumstances of disease a violent poison. How can any non-professional person administer remedies to himself with precision or even with safety. It is perhaps fair to conclude that were secret medicines banished from our prescription stores, the traffic in them would be diminished by at least three-fourths, to the great profit of the community, and benefit of the medical profession. We would then less frequently have to regret the time worse than lost in trying somebody's "*expectorant*," or some other body's "*diarrhœa cordial.*" We should then less frequently see our patients past recovery, because the disease was allowed to fix itself and become seated, and fatal mischief ensue, while some panacea was permitted to prove itself worthless.

From dealing in secret medicines the step is but a short one to compounding them; and hence it is now no uncommon thing to find our pharmaceutists flourishing as the proprietaries of various remedies for all the ills that flesh is heir to. Having access to the formulæ of various physicians, they enter the trade of the quack with some advantages, and can say with truth that their preparations are good under certain circumstances. But physicians are apparently satisfied for them to go on in this work; whether it be in compounding their prescriptions or in selling their own, and the result is seen in the continual increase of quackery and quack remedies in our midst.

But apothecaries aspire not only to be quacks; the ambition of not a few extends beyond this, and we have a class, not inconsiderable in number, of prescribing druggists, or apothecary-doctors. These gentlemen prescribe without scruple

over their counter, and receive a fee in the advanced price of all medicines so dispensed. Not unfrequently they take a fee due to the reputation of some distinguished physician, living or dead, and do not hesitate to say, "This is Doctor so and so's prescription, and he would charge you so much for it—I will only charge you so much." Large amounts in the aggregate are thus diverted from the medical profession, where they belong, into the hands of the apothecaries. W.

[To be continued.]

## Letter from New York.

### The LL.D.

Editors Medical and Surgical Reporter:

It gives me pleasure to tell you that the degree of LL.D. has been conferred upon Prof. James R. Wood, by the Genesee College.

I must take issue with the writer of an article in the Reporter of July 13th, making some strictures upon the presentation of the degree of LL.D. to medical men, and apparently to some person under the writer's immediate observation, and defend the propriety of thus granting this degree.

Truly the degree was doubtless meant to be conferred only upon legal practitioners or publicists, and others at least theoretically learned in law. But custom—which surely may be accepted as authority in the case of a degree purely complimentary; and which conveys no privileges, power or responsibilities—has sanctioned a wider application. It has been given to men distinguished in any of the literary walks of life, and to others; to clergymen, to writers not of the legal profession, and to artists, and to merchants even, as well as to medical men.

Its intention as generally understood, is this: to express to the public that in the estimation of the college conferring the degree, the recipient has aided learning. It may be by personal attainments, literary or otherwise; or it may be by facilities offered to others for obtaining an education. No one objects to the degree being conferred upon any liberal merchant, whether of literary habits or not, who from his wealth endows a scholarship, lectureship, or professor's chair, or founds or enlarges a college.

We cannot understand the feelings of the professor who "felt insulted" at the appending to his other titles that of LL.D. One would suppose he would not accept a degree that he would blush to defend.

In the instance under consideratien we think the compliment deserved. We do not put the claims of the gentleman forward as a personal matter; not on the ground of great professional skill,—though we do not see why in this country a complimentary degree may not be as appropriate and as impressive a reward for such skill, as the more sounding titles, and the more lucrative honors conferred in other countries. But we put it on the ground of benefits done to professional education. Dr. Wood is well known in New York, as first among those who were instrumental in founding a medical school, (that of Bellevue Hospital College,) which has done, and promises to do very much for the support of a sound and practical system of medical instruction.

D. M.

*New York, July 20th*, 1867.

### The Uterine Element in Practice.

Editors Med. and Surg. Reporter:

Will you grant me space in your paper for a brief notice of a rather presumptuous editorial article, which I observed in the New York *Medical Record*, dated July 1st, 1867. I believe that you are not much disposed to cavil with cotemporaries, and consequently may feel reluctant to notice my criticisms, but if there is any sense or justice in my observations, you may confer a favor on the editor by letting him see himself as others see him.

The article I refer to, is headed "The Uterine, Element in Practice," and contains, no doubt, some grains of truth and just censure; but they are so completely buried in unlimited denunciation and general condemnation, that the whole article reads more like the grumbling of some ill-natured quack, than the production of any reasonable and conscientious member of the profession. The writer expresses the belief, that owing to the success of a few pioneers in the study and treatment of uterine disease, the general profession has taken up the "uterine element of practice," and is pushing it to an extent, which, if he is half correct in his statements, is rather alarming. The reasons which he gives for this unnecessary assiduity on the part of the general profession are, that this branch of practice pays well, and many are wicked enough to institute uncalled for treatment for the sake of gain; and that uterine disease exists to a far greater extent in the imagination of doctors than in reality. Consequently they see trouble where none exists, and subject their patients to needless and injurious treatment. Now if he was content to state the simple fact that an occasional immorality and display of ignorance was manifested by an insignificant few in the profession, we could readily coincide with him. Even if he went a step fur-

ther and condemned the practice of some specialists who with knife and cautery assail the uterus in a manner more formidable than beneficial, we could find but little fault with him. We know that errors appear in practice occasionally, which remind us that perfection either in morals or science has not yet been attained. We cannot believe for a moment that there is any ground or just cause for such sweeping condemnation as the following, which we quote from the article. Indeed when we see such statements we cannot help thinking that the writer is farther astray on "The Uterine Element of Practice" than any one we have ever read or heard of. "So great indeed has been this infusion of the uterine element into practice, that it is considered one of the necessary accomplishments of almost *every* general practitioner to make a vaginal examination of *every* female who falls into his hands, and discover as the inevitable result of such a procedure some more or less important uterine disease. If any female is the possessor of any anomalous symptoms, if she escapes now-a-days without a careful examination with the speculum, a few leeches to the os, a cauterization of the cervix, a pessary, a sponge tent, or a sea-tangle bougie, she is exceedingly fortunate."

If one of our own number speaks thus of us, what may we expect from those outside of the profession. If this comes from a friend—save us from our enemies. We hope for the author's sake that he don't mean it, for certainly it is not true. He appears to be at a very great loss to know why uterine diseases should be so much more common now-a-days than formerly, and assumes, "that the *vast majority* of them exist only in the imagination of the attending physician. He admits that progress in knowledge and improved means of diagnosis may account, in part, for the increase in uterine affections. Why will this not wholly account for it? We all know that the number of thoracic diseases, which have been revealed since the discovery of physical exploration, is surprising; yet no one now would think of saying that the profession had thoracic disease on the brain.

We have always believed that when an editor took upon himself the task of finding fault with the profession, he would have good ground for so doing, and would by a fair criticism avoid giving more blame or credit than they deserved, but in the present case we have the reproach undiluted, and with no good reason why, we have to take it. He may think his word sufficient for us poor general practitioners, and that we have no right to ask the reason for this editorial broadside of abuse.

All that he gives us as the cause of his merciless scalding may be briefly noticed. First, he gives the testimony of what he appears to consider reliable authority. "The testimony of *all* the experts in this branch is to the effect that the prevalence of uterine troubles is more than over estimated, and these assertions are based upon the fact that very few of all the patients sent them have anything in the shape of uterine abnormality whatever. But as this statement only refers to those which are supposed to be desperate cases, what can be said concerning the trivial ones which are treated in the routine of general family practice." How can this be made to harmonize with what he labors to make us believe, viz., that general practitioners are constantly finding uterine diseases where none exist? If this statement is correct, we can hardly believe that they would send patients to experts, to be told that such patients had no disease. As the editor has his "uterine element of practice" slightly out of gear, it would be perhaps safe to let the whole rest until he effects a reconstruction. He appears to blame the general practitioner for all the sins of "ignorance of the fundamental doctrines of *uterology*," condemning them on the testimony of the "*experts*." But if he had studied his subject a little more carefully, he might have found that some of the most questionable practices known have been by uterine specialists, or so-called experts. The way in which the English profession has had to treat some of their number, and their opinion of the practice of some of our own uterine surgeons might convince him that the "experts" are deeper in the dye than those they assist him in trying to condemn.

His next ground of complaint is: "We recently heard it asserted by a gentleman long engaged in general practice, and who is supposed to be acquainted with all its requirements, that there were more fees collected for the treatment of diseases of the uterus, that were not fairly earned, than for those of any other organ or sets of organs in the body." The evidence of any one acquainted with *all* the *requirements* of practice demands respect, and if he means that much money has been gained by those who drug poor sufferers from uterine disease, in the hope of curing them by constitutional means, we believe it. But if his statement is meant to apply to the more modern forms of local treatment, then we beg to differ from the *learned* gentleman. A more impartial study of the subject might convince any of them that the benefit derived by female patients from the advancement in uterine

pathology and therapeutics made within the last half-century, is sufficient to cover the professional sins in all branches of practice, to say nothing of an occasional mistake in the treatment of uterine disease.

The editor in his efforts at criticism doubtless means to improve his brethren by pointing out the error of their ways, and the intention is good, but we desire to remind him, that in order to succeed, it is necessary to have a thorough knowledge of the subject treated of, to trace error to its true origin, and give credit where it is due, and not condemn indiscriminately. We could not admire the justice of a judge who would hang a whole community because a few had been guilty of some petty offence. Men of the present age can be led by the wise to see justice and truth in science; indeed any man of sound mind can be persuaded into the true faith, but it is difficult to insult him into it.

We have no objection to the editor relying on what he is told by experts and learned gentlemen of his community, nor to his sounding their praise, if it suits him to do so; but we hope he will not trample on the general practitioners.

TOGER.

*Brooklyn, N. Y., July*, 1867.

# News and Miscellany.

### Special Departments in Public Hospitals.

At St. Bartholomew's Hospital, London, the plan has been carried out of creating special departments. Under this arrangement Dr. SOUTHEY and Dr. ANDREW will have the Skin Department; Mr. CALLENDER and Mr. LANGTON the Eye Department; Mr. THOMAS SMITH the Ear Department; and Mr. WILLETT the Orthopœdic Department. These arrangements have been made with a special reference to teaching. Similar arrangements are in progress in other hospitals.

### An Uncertain Preparation.

Dr. JOHN HARLEY proves by experiment, in a paper read before the Pharmaceutical Society, that the extractum conii is a very uncertain, if not an inert, preparation. He attributes this to the fact that the active principle of the plant is, to some extent, vaporisable, even at a natural temperature of 70° to 90° Fahr.; and that prolonged exposure to a high temperature is accompanied by progressive diminution of the conia, the alkaloid being converted into ammonia or some other secondary product. It is, therefore, necessary, in order to obtain an extract of full power, to expose the juice in shallow dishes to a rapid current of dry air having the temperature of 150° Fahr. By this process, an extract containing one per cent. of conia may be procured. —*Brit. Med. Journal.*

—— A villain of a quack in Chicago, is pretending to cure diseases not simply by laying on of hands, but by *supplying invalids with garments and paper imbued with healing virtues by contact with his body!* And the fellow has patients of course—and possibly certificates from clergymen to back him up in his impositions!

## ARMY AND NAVY.

—— Surgeon J. H. BAXTER, United States Volunteers, late Chief Medical Officer of the Provost Marshal-General's Bureau, was confirmed by the Senate as Medical Purveyor of the United States Army, with the rank of Lieut.-Colonel.

This promotion in no way interferes with the completion of the medical report of the Provost Marshal-General's Bureau, upon which, in accordance with an act of Congress, Dr. BAXTER is now engaged.

Assistant Surgeon A. D. WILSON has been transferred from the Department of the East to the Department of the Missouri.

Surgeon B. J. D. IRWIN has been transferred from the Department of the Missouri to the Department of the Lakes.

Assistant Surgeon HARTSUFF has been ordered to the Department of California.

*Circular to Paymasters.* The following decision of the War Department is published for the guidance of paymasters:

"An Assistant Surgeon United States Army, who has served three (3) years in the volunteer or regular service, is entitled to the pay of a Captain of Cavalry.

"It is not necessary that he receive a new commission; length of service entitles him to the pay."

The officer's certificate of service, and date from which entitled, will be sufficient evidence.

B. W. BRICE, Paymaster-General.

NOTE. This is a substitute for circular of the 24th inst., which is hereby revoked.


## BACK VOLUMES OF THE REPORTER.

We can supply a very few more back volumes of the MEDICAL AND SURGICAL REPORTER at the following prices:

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The following numbers of the MEDICAL AND SURGICAL REPORTER are wanted at this office, for which we will give credit on subscriptions.

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" 5.— " 207.
" 9.—All the numbers.
" 12.— " 398, 401, 402, 414, & 416.
" 15.— " 499, 502, 504, 505, 507, 508, 509, 512, & 513.
" 16.— " 517, 524, 526, & 527.

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Vols. 1, 4, 5, & 6, all the numbers.
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" 8.— " 57.
" 11.— " 101.

*[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]*

## MARRIED.

ALGER—MURDOCH.—At the residence of the bride's father, July 16th, by Rev. J. V. C. Nellis, Mr. Charles J. Alger, of Burlington, Vt., and Miss Harriet S., daughter of Dr. Ellice Murdoch, of Rochester, N. Y.

BOOE—BURNETTE.—At Galva, Ill., June 3d., by Rev. L. D. Gowen, Dr. T. Newton Booe and Miss Effie L. Burnette, of Galva.

CARPENTER—MILLER.—July 23d, in Mountville, Pa., by Rev. Dr. Greenawald, Dr. Henry Carpenter, of Lancaster, and Mrs. Laura Miller, daughter of Martin Miller, Esq., of Venango, Pa.

GANDY—OTT.—In White Cloud, Iowa, April 17th, at the residence of the bride's father, Hon. Geo. Ott, by Rev. J. H. Wing, Dr. James L. Gandy, formerly Assistant Surgeon, U. S. A., and Miss Mary E. Ott.

HOKE—TICH.—By Rev. A. Scott, July 16th, Dr. Henry E. Hoke, of Attica, O., and Miss Louisa C. Tich, of Savannah, Ohio.

LUSE—LAWRENCE.—July 12, by Rev. W. A. Matson, in Kirtland, Ohio, L. H. Luse, M. D., and Jane E. Lawrence, all of the above place.

SHUCHARD—DOUGHERTY.—At Jonesboro, Ill., April 23d, 1867, by Rev. E. B. Olmstead, Dr. Geo. W. Shuchard and Miss Helen A. Dougherty.

## DIED.

BURNELL.—In this city, July 21st, of cholera infantum, James Edwin and Charles Henry (twin children), sons of Dr. W. W. and Elizabeth D. Burnell, aged 11 months and 5 days.

DICKINSON.—At Jersey City, on Seventh day, the 27th of Seventh month, Mary M., daughter of the late John Dickinson, M. D., aged 18 years.

DOUBLEDAY.—In Bingham, N. Y., July 23, Dr. Ammi Doubleday, aged 77 years and 20 days.

FUQUA.—July 7th, of a heart affection, in Charlotte co., Va., Dr. William A. Fuqua, an eminent physician and elder of the Presbyterian Church, about seventy years of age.

MCGILL.—July 16, near Fort Harker, Kansas, of cholera, Helen Louisa, wife of Geo. M. McGill, U. S. A., and and daughter of Robert R. Morris.

STERNBERG.—Of cholera, at Fort Harker, Kansas, July 15, Maria Louisa, wife of Dr. Geo. M. Sternberg, U. S. A., and daughter of Robert Russell, of Cooperstown, N. Y.

## OBITUARY.

### Sir William Lawrence, Bart., F. R. S.

The London *Telegraph* announces the death of this distinguished medical gentleman, at his residence, Whitehall place, on the 5th of July. The deceased was born at Cirencester, on the 16th of July, 1783, and had therefore attained the great age of eighty-four years at the time of his death. He received a preliminary education at a classical school near Gloucester, and was afterwards apprenticed to the celebrated ABERNETHY, of London. Before three years of his apprenticeship had expired he was appointed Demonstrator of Anatomy at St. Bartholomew's Hospital, so decided was his zeal in anatomical pursuits. He finished his professional education, and became a member of the Royal College of Surgeons on the 6th of September, 1805, was appointed assistant surgeon to St. Bartholomew's Hospital in March, 1813, and succeeded to one of the principal surgeoncies in May, 1824. He had previously been chosen one of the Professors of Anatomy and Surgery to the College of Surgeons, and delivered the lectures there for four years. For several years Mr. LAWRENCE lectured on Surgery at different medical schools, his celebrated lectures on the Physiology, Zoology, and Natural History of Man giving rise to the charge of materialism, as well as being the subject of severe criticism. The Governors of the Royal Hospitals of Bethlehem and Bridewell requested the author either to resign his appointment as Surgeon of those institutions or to retract his convictions. In compliance with this demand he wrote a long letter, expressing regret at having given utterance to the pernicious doctrines contained in the lectures, the published copies of which he afterwards sold to a London publisher for exportation to this country. In 1826 the deceased made himself conspicuous in his opposition to the Council of the Royal College of Surgeons, although two years subsequent he became a member of the same Council, having been elected to fill a vacancy occasioned by the death of Sir P. MCGREGOR, and in 1840 was promoted to a seat in the Court of Examiners. Sir WILLIAM LAWRENCE, who was a member of many learned and scientific societies both at home and abroad, had obtained the highest honors which can fall to the lot of a surgeon. In addition to those already mentioned, he had been twice elected President of the Royal College of Surgeons, viz., in 1846 and again in 1855. On the passing of the Medical act and the institution of a Council of Medical Education and Registration, Sir William was nominated by the Crown a member of that body. He was the senior sergeant-surgeon of the Queen, and only a few months since was created a baronet. By his decease there is a vacancy in the Council of the College of Surgeons. The deceased Baronet leaves a son, who is a member of the College of Surgeons and medical officer in the Queen's Indian army, as well as two daughters.

## ANSWERS TO CORRESPONDENTS.

*Dr. W. L. R. of Ill.*—Elastic stocking was sent by mail, on the 23d.

*Dr. J. M. D., of N. Y.*—We believe UPHAM'S Fresh Meat Extract is as pure as any. The mode of preparation has been made public, and as to its therapeutic value, we presume that it is identical with that of *extractum carnis*.

*Dr. J. C., Ind.*—On child-bed fever MEIG'S Monograph is the only one from the American Press. It is treated of in all the larger works on Diseases of Women, of course, and there are several French and German works on the subject.

*Dr. B., O.*—Graduates of western schools of good reputation, who have practised four years, can attend the winter course of medical lectures in this city on payment of the matriculation fee ($5.00). If they have practised less than four years, they must pay $30.00 additional.

## METEOROLOGY.

| July, | 15, | 16, | 17, | 18, | 19, | 20, | 21, |
|---|---|---|---|---|---|---|---|
| Wind | N. | S. W. | W. | N. W. | N. E. | N. E. | N. E. |
| Weather | Clear. | Cl'dy. Sh'y. | Clear. | Clear. Sh'r. t. & l. | Clear. | C'dy. Sh'r. | Cl'dy. Sh'y. |
| Depth Rain | | 1-10 | | 1-10 | | 2 10 | |
| *Thermometer.* | | | | | | | |
| Minimum | 56° | 60° | 61° | 63° | 58° | 60° | 65° |
| At 8, A. M. | 73 | 66 | 69 | 73 | 64 | 65 | 74 |
| At 12, M. | 77 | 75 | 78 | 79 | 70 | 72 | 78 |
| At 3, P. M. | 78 | 77 | 79 | 80 | 72 | 71 | 76 |
| Mean | 71. | 69.50 | 71.75 | 73.75 | 66. | 67. | 73.25 |
| *Barometer.* | | | | | | | |
| At 12, M. | 30.3 | 30.1 | 30.2 | 30.1 | 30. | 30. | 29.8 |

*Germantown, Pa.* B. J. LEEDOM.

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The undersigned, through the liberality of Dr. ALDEN MARCH, of this city, in providing the negatives, are now prepared to furnish card photographs of the Presidents and acting Presidents of the Medical Association, (21 in number,) at the moderate expense of two dollars.

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The Philadelphia Summer School of Medicine will begin its fourth term on March 1st, 1868, and students may enjoy its privileges without cessation until October.

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THE

# MEDICAL AND SURGICAL REPORTER.

No. 545.] PHILADELPHIA, AUGUST 10, 1867. [Vol. XVII.—No. 6.

## Original Department.

## Communications.

### MAGNETIC SOMNAMBULISM.

Translated from the French of Nysten.

By Wm. Mason Turner, M. D.,

Of Philadelphia.

Somnambulism is an affection of the cerebral functions characterized by a kind of an aptitude to repeat during sleep those actions which are contracted by habit, either in wandering about or in executing different movements, of which, however, on awakening, there remains no recollection whatever. Somnambulism is, perhaps, a physiologic state or condition, a degree more exalted than the ordinary fantasies of slumber, rather than a nervous affection.

*Magnetic Somnambulism.* This is a peculiar nervous condition, into which we can throw, by a sort of mental influence, individuals of a high nervous sensibility—particularly hysterical women. When somnambulism is provoked artificially, the most singular phenomena are observed. [Nysten's article on *Hypnotism* bears interestingly on this point, and may be given at some other time.—*Translator.*] Some feel the hallucinations of sight, some of hearing, some of odor, etc., and are falsely made to believe in a transposition of the senses which does not exist. In somnambulism we see sometimes the pathetic faculties, intellectual and moral too, acquire a wondrous development. The memory attains an astonishing precision, and thoughts are delivered in a correct and elegant language.

The theory of this mass of phenomena is clearly cleared up by a knowledge of the physiology of the brain, but loses beyond that all that appears marvellous in it, when we have recourse to the state of scientific facts. We know that in a condition of the most perfect mental harmony, that our internal images are dependent on our external sensations; there is a complete subordination of abstract contemplation to direct observation, and to employ here a trite but very just phrase, *we see things as they are.* But it is demonstrated that even in persons gifted with a superior judgment, it is possible by purely artificial means to develop a cerebral condition in which the *within* takes the place of the *without*, and they are made to behold things otherwise than they really exist. This confirmed mental alienation is nothing but a persistence of that condition, in which we make, in the observed phenomena, the most complicated hypothesis. For a long time it was customary to attribute certain conditions, it may be physiologic or it may be pathologic, to the influence of demons. In the witcheries of magic, as in the science [?] of magnetism, it is necessary to choose well the subject in whom you would produce cries, convulsions, dreams, and ecstasies. Only those practices are otherwise considerably more dangerous than the magnetism, for the former often end by developing *demono-mania.* We can conceive then easily, that a belief in good and evil genii was well calculated to strike with awe, feeble minds.

In the case of somnambulism, a person having been declared proper to exercise the magnetic influence, and for the rest, being inclined by his education to these corresponsive beliefs, familiarizes himself with the administration of the pretended magnetic fluid. Once his technical apprenticeship over, he commences the practice of magnetism, and after a short while, his simple appearance is sufficient to produce profound emotion. In every case, it is easy where one is of strong convictions, and where there are few with whom to deal; for generally it is a matter of no trouble to attract those who are undecided.

Now this attitude, or that gesture, or these movements, are nothing more than artifice, by means of which there is developed in a person suitably prepared, a cerebral condition more or less decisive, and which can be carried even to that ecstacy which characterizes magnetic sleep. In this condition, moreover, much less frequently to be observed than in simple lethargy, the belief or demi-belief has a power so wonderfully developed in the mind of the patient—of abstract images, of such an intensity, that all direct obser-

vation is entirely lost. *General sensibility* can even be annihilated in consequence of this profound interior absorption, and as the meditative organs commence again to exercise themselves on the products of abstract contemplation, the enrapt one can effect a series of ratiocinations sufficiently coherent; and the more, if the auditive impressions continue to operate, there can be established between the magnetiser and the magnetised a connection strongly marked; but in the case of the real ecstasy, the responses of the subject are as vague as those of the Sybil, and in the midst of his devotions the magnetiser interprets them always to the great admiration of his *coterie*.

The convulsive phenomena explain themselves still more easily than do those of somnambulism. When we have studied the procedures of Mesmer, we know how it is that *natural* causes have produced these convulsions. If we wish to consider seriously the veritable cures performed by magnetisers, we will find that they have the same value as the cures of sympathetic medicine, and that cures are performed with the magnetic fluid, as Pyrrhus cured ailments of the spleen by friction made with a *toe of the right foot*, an invention which he shares with Vespasian. The curative power of magnetisers is then a simple illusion, and therein we can here confront two classments of therapeutics which have for each other the greatest affinities. While the magnetiser cures one fluid with another, we have the Homœopaths, who cure the ideal of a disease with the ideal of a remedy. Moreover, nothing should excuse a general system of treatment which enforces, in persons of feeble mind, chimerical beliefs. So the proceedings of magnetisers should be proscribed in therapeutics at once as valueless, and as nuisances. The magnetic fluid administered in *one* day, they say, would be but a very small fraction of an universal fluid, by means of which there is established (according to the theory of magnetisers) a mutual influence between the celestial, terrestrial, and animate bodies.

In going back to the beginning of abstract theories, we find a similar essence, which, under the same name, or that of *love of the world*, serves to bind again our human knowledge, and especially to quench that desire which would explain *all things*. The ease which one has, then, to deceive certain minds, relates not solely to the property which we have, to show without our internal emotions, under any sufficient influence; it rests on the profound scientific ignorance in which the mass of individuals are plunged.

In the phenomenon of the turning tables, we must believe that the table can turn without muscles, without nerves; that it can speak without the organs of voice. But all that is nothing by the side of the rapping-spirits, through the medium of which, every scientific opinion, even the very arches of mathematic phenomena, are shaken. That which contributes again in a great number of cases to the success—happily transient—of these fantastic exhibitions, is that it is not rare to encounter among these believers and propagators, persons instructed in the sciences. But that should only prove one thing, that judgment and common sense, are independent of literary and scientific attainments. Flint, and then Schiff, have indeed shown, in their experiments on the inventors of these juggleries, that the sounds which they produced, were due to a slight displacement (previously occasioned) of the patella, —to the tibia on the femur—or to the tendon of the long peroneus, all jerked suddenly into proper position. This displacement is effected by muscular contractions which are easily acquired. Aided by this physiologic knowledge, it has been an easy matter to baffle their trumpery, by causing them to place the limb in a position, in which muscular contraction was impossible. As for this magnetic fluid, there exists nothing, as we see, but an hypothesis denuded of all proof.

Finally, all that interest, which, according to some authors, should appertain to the physiologist, in the study of magnetism, rests in an habitual ignorance concerning the physiology of the brain—and reduces itself to this, that it is easy enough to place such or such an individual, at first, and then an assembly in whole or in part, in an intellectual condition such that the information more or less vague obtained, of the first, are interpreted by the other in the sense which is desired should be contrary to that to which attention has been directed. It is in such a cerebral condition that is to be found, the explanation of all the singular effects of magnetism, the abstractions occasioned by the juggleries which surround us—the changing effects following the practise of magnetism—all dependent on the cerebral condition of the magnetised.

—— New Dental School. The corporation of Harvard College have voted to extend the technological department by establishing a dental school in the University. The Faculty will consist of the President of the University, the Professors of Anatomy and Physiology, Surgery, and Chemistry, of the medical school, and three new Professors respectfully filling the chairs of Dental Pathology and Therapeutics, of Operative Dentistry, and Mechanical Dentistry.

## "CHLOROFORM AND ERGOT IN OBSTETRIC PRACTICE."

Reply to Strictures of Dr. T. A. Reamy, published in "Reporter," April 6, 1867.

By Chas. C. Hildreth, M.D.,

Of Zanesville, Ohio.

I have postponed designedly, my reply to Dr. Reamy's article, published April 6th, 1867, for fear your readers might get sick on the large and repeated doses of chloroform and ergot, which they have been compelled to take.

No doubt you fear, if you suffer this contest between those *amiable Zanesville Doctors* to continue much longer, the Reporter will be "killed as dead as Julius Cæsar." Let me hasten then to assure you, (that as far as I am concerned,) this is the last article on the subject, which I propose to inflict upon you and your readers. * * Your editorial hint that brevity is a great virtue in medical writing, and that all further remarks should be such only as tend to "elucidate disputed points," has not been forgotten. The common sense view of this contest, by a disinterested witness, would be, no doubt, that too much has already been written on this subject by both parties; that opinions now formed, are not likely to be changed by further discussion, and that the most satisfactory method of estimating the value of the practice, will be to test it personally.

My friend, Dr. Reamy, informs you that the results are not satisfactory in his hands. On the other side, (as doctors will differ,) the author of this paper can testify, that he has followed the practice advised in his first essay, ever since he became aware of the power of chloroform over uterine action; that he has saved by it an immense amount of suffering, and, as he believes, many valuable lives. Nor has the practice, so far as he has observed, been followed by either functional or structural lesions of the uterus.

As before observed, I shall attempt no reply to the Doctor's last paper in detail, but cannot, in justice to myself, refrain from noticing some few of his charges and personalities.

In the first place, I "charge" upon the Doctor that he is infringing my "belligerent rights," by fighting on both sides of the same questions. Now I claim that I have a right to one side myself in this fight; and that it is not fair in him to monopolize the whole business. How gracefully your hypercritical gentlemen sometimes fall into their own nets. For instance, in his criticism, quoted again on page 279, he objects decidedly to early rupture of the membranes, because it would "endanger the life of the child by direct pressure, and the continuance of that pressure, through both the first and second stages of labor;" that is, by inducing excessive uterine action. On page 281, however, in answer to my quotations, (referring to the uterus,) "Is not the removal of a part of the contents of any distended organ, followed by increased muscular power in that organ? Is not such removal a very valuable stimulus to increased muscular effort?" he answers decidedly, No. After explaining this last opinion, he concludes thus: "Apply these principles to the evacuation of the waters in the early stages of labor, and they react with double force." Certainly, the reaction is tremendous; but which side has to stand the pressure? and how very elastic the "principles" which apply to both sides of the same question? Now I claim the right to fight on the affirmative side of this question. As my views on this point will be found in my previous papers, I will only inquire, if letting off the waters is not a very valuable stimulus to increased muscular effort on the part of the uterus, how is it that rupture of the membranes has been the established practice to induce labor at any stage of gestation, ever since obstetrics assumed the name of a science?

Then, again, the Doctor's record on the "artificial dilatation" question is very consistent and satisfactory. On page 279 he informs us that in a case of "obstinately rigid os, he would not think of artificial dilatation in the first stage." On page 280 he contends that it makes no difference physiologically or mechanically, whether dilatation is done with one, or with several fingers; and says that seven-eighths of all practitioners who dilate, use but one finger, (this, by the way, is very close to a confession that the practice is very common.) Contending, as before observed, that one finger, touching of course but one point at a time, is just as efficient a dilating instrument as several fingers, applied at several points in the circle; he tells us below, on the same page, that the reason why the "hard occiput" is not as efficient a dilator as the bag of waters, is, because the occiput *impinges unequally upon different portions of the ring*, relaxing some fibres, contracting others. That is, the occiput does not touch as many points of the ring as the bag. Now if one finger is just as good a dilator as several fingers, applied at the same time, what difference does it make how many points of the circle of the os are touched by the occiput? That is the question.

In the paragraph from which I have just quoted, Dr. R. has much to say about the "hard

occiput" compressing the "cervix against the hard walls of the pelvis, inflicting dangerous injury." He refers also to the "unyielding character" of the occiput, etc. From all of which I infer, that the Doctor has generally found the occiput in his practice, of about the consistency of a granite boulder. This is very unfortunate, certainly. Now the occiputs that I have met with, have been covered with a soft hairy scalp, well saturated with mucus, gum, etc.; and the bones beneath have been so elastic, and so divided and traversed by fontanel and suture, that with the proper uterine force they could be readily compressed and molded to fit the pelvic straits. The form, also, of the occiput has been so finely conical, that when once engaged in the cervix, I have found it a most admirable dilating instrument. Judging, too, from the amount of serous effusion often found over the occiput, in a case of slowly dilating os, I should infer that *every part in the circle* had been touched and compressed by the presenting part, almost as well as by the bag of waters. From the extreme care with which Dr. R. would preserve the membranes up to the moment of labor, I draw the inference that he considers the bag of waters almost essentially necessary to the process of dilatation.

If this is the most important function of the membranes, I would ask, why in cervix cases they are ever broken by an effort of nature, even before any severe pain is felt? Why in presentations of a hand, a foot, they are always broken it the first stage of labor? Now it is very evident that any part of the child that can be fairly engaged in the os and straits of the pelvis, is a good dilating force. Some parts of the child are of course better than others. The bag of waters is not to be compared in efficiency, as a dilating force, with the lower extremities of a child, in a footling case. Any one who has noticed the rapidity, the ease, and freedom, with which the cervix opens up in a foot presentation, will at once acknowledge this fact. But how is this explained? In the easy and rapid dilatation of a footling case, I find an apt illustration of the principles advocated in my previous papers on this subject. The waters are always broken very early, by the presenting part. This presentation always secures a free loss of water. This, and the rapid extrusion of the presenting part of the child, causes a rapid collapse of the uterine walls. This collapse, by allowing the extremities of the long uterine muscles to approach, at once increases their power to contract, and of course to expel the uterine contents. The conical form of the child's leg, forced into the cervix, by the "vis a tergo," opens it up much more promptly than could be done by the bag of waters, or the occiput of the child. Dr. Reamy's idea, that the bag of waters is the *only* safe and easy dilating power, simply because more points of the cervix are touched by it than by anything else, is thus proven to be a fallacy. Indeed, if it were not for the comparative size of the fœtal head, a footling case (for the reasons stated above) would be considered the easiest and safest labor.

But to return. On page 280, referring to the operation of turning, in the position on the knees and breast, the Doctor says: "It is quite amusing to note, that Dr. H. expects by this position to obviate the escape of the waters, when the escape of the waters is one of the principal objects sought by the rupture of the membranes." Now I think myself that the "amusing part of the business is, that the learned obstetrical gentleman can see no distinction between a case of rigid os, in which I had advised rupture of membranes to increase uterine action, and a case requiring turning, which any practitioner knows is not easily accomplished, before much water is lost.

In cases requiring turning, I have not advised rupture of membranes and discharge of waters; but that the waters be saved as far as possible, by placing the woman on her knees and breast, until the version is accomplished.

But the Doctor wishes me to explain how chloroform can be given, with the patient on her knees and breast, and how she is to elevate her hips, or even hold them up, when under chloroform. As this matter is no doubt well understood by all my readers, I will say for the benefit of the *Doctor only*, that chloroform has been given in this position for many years, in the operations of vesico- and recto-vaginal fistula; that so long as women have motion in their necks, (as I believe most women have,) it will not be necessary (when in this position) to bury the face in the pillow, Othello fashion, but merely to recline one side of the head upon it, thus bringing the nose and mouth within easy reach of the inhaling apparatus. I will furthermore state for the benefit of the Doctor, that the woman (in this position) will have her pelvis most elevated when her thighs are at right angles with the spine; and that when an acute or obtuse angle is made by the same parts, she will of course depress the pelvis.

I have not advised in this case, that the woman be placed under "full anæsthesia," as the Doctor, with his usual accuracy, would have me state.

This condition was advised for extreme rigidity of the os uteri. In the operation of version on the knees and breast, sufficient chloroform only is required, to enable the woman to bear the introduction of the hand and arm, and the necessary manipulations. Should the hand and arm of the operator be very large, chloroform to full anæsthesia may be required. In this event, the patient can be held in position by assistants.

But, says Dr. Reamy, version in the position on the knees and breast is *not new*. Probably the Doctor is correct in this, for it has been said "there is nothing new under the sun." But whether new or old, of one thing I am certain, that up to Feb. 4th, 1864, at which time I first turned a child in this position, *the practice was new to me.*

So impressed was I with the ease and facility with which version was accomplished, in my first case, that I at once examined all the authorities I could find, on the subject, in the hope of finding some precedent for the practice. I found none. Obstetrical authorities invariably advised the position on the back, or side, in all cases of version. As the rationale of the practice has been fully explained in the *Amer. Jour. of Med. Science*, April, 1866, I shall only add here, that the accoucheur who tries the practice, will first be astonished at the ease with which, in this position, the hand and arm pass the vagina. Marion Sims in operating for vesico-vaginal fistula, on the knees and breast, first noticed, that when air is let into the vagina in this position, that it at once opens it up to its full capacity, and overcomes all muscular resistance. This explains the very easy introduction of the hand and arm.

The accoucheur will next be surprised at the ease with which he can return the presenting part of the child to the uterus; the easy and direct manner which his hand reaches the feet; the freedom with which his hand moves around in the uterine cavity; the little resistance offered by uterine contractions; and of course the facility with which he makes the version. So also, in cephalic version, the force of gravity alone in this position, places the head at once, free from pressure, in the easiest possible position to rectify. But it matters not, whether the practice be new or old, of this Dr. R. may rest assured; that the method of turning on the knees and breast will be found so much less painful, and so much easier to the operator, *that it has only to be known, and tested, to be generally adopted.*

Thus, in direct connection with the subject of turning, my readers will excuse me for commending a practice, the author of which I have forgotten; but which I learned from one of the journals. It is well known, that footling cases are apt to be fatal to the child. This is true especially in primapara, in cases where we have inefficient uterine action, and in cases of very large children.

The practice to which I refer, is this. In a footling case, always give ergot at the proper time, never give chloroform. Place the patient on the back, with the knees drawn up; and so soon as the shoulders pass the vulva, let a skilful assistant with both hands spread out over the body of the uterus, by *direct pressure*, force the child's head through the pelvic straits, while the accoucheur, with one finger in the child's mouth, by gentle traction, guides and controls the delivery. The books say nothing of this, but direct us to apply forceps, when the head is detained in the pelvis. I am quite confident more children will be saved in foot presentation, by the *direct pressure method*, than by all other means combined. It is prompt, and efficient. By it we save time, which, with the cord compressed, means life to the child.

But if the Doctor can find nothing new or original in the position which I have advised in all cases of version, let me assure him that I find two or three ideas in his last paper, so strictly original, that I commend them to the notice of the profession, trusting he may receive the proper credit for his discoveries. The first idea (p. 281) is, that the bag of waters should not be broken, because it makes the most efficient *dilator of the perineum*—"This (says Doctor R.) I regard as one of the strongest points against destroying the bag of membranes." Certainly; so strong a point is it, that I can see but one or two trifling objections to it. The first is, that in nine cases out of ten, the bag will be broken by the uterine contractions alone long before it will make any efficient pressure on the perineum. Secondly, that in the tenth case, the accoucheur, if he have any practical skill, will break the bag himself, to expedite the labor. In the same paragraph, the Doctor tells us, as one of the consequences of rupture of the membranes, that "the head will not curve to sweep the direction of the outlet, whilst the body of the child still keeps the line of the upper strait." Which means, (if it means anything,) that the head will not take the proper curves through the pelvic straits, unless the membranes are intact. This I conceive to be another valuable discovery. Again on page 281, we have another original idea, and that is, that artificial dilatation of the

os by the fingers, and occiput, is very objectionable, because it reverses the order of labor, causing the os to be dilated, when the body is not sufficiently contracted.

"The evils of this state of affairs, (says the Doctor,) I have not time here to point out, they readily suggest themselves." I regret the Doctor has not time to make out a regular list in detail of the "evils," as I would like very much to study it. Now the mechanism of labor may be said to be a hard struggle, by the long muscles of the body of the womb, to overcome the resistance of the circular muscles of the neck. In the great majority of labors, with a healthy os uteri, the long muscles have the balance of power; and the circular muscles of the cervix give way and expand, with more or less rapidity. But suppose the cervix, from disease or other causes, instead of being soft and pliant, is found tense and rigid, from deposition of plastic, fibrous, or even cartilaginous matter in its tissues. The cervix then holds the balance of power, and now "comes the tug of war," between the muscles. The muscles of the body are taxed to their utmost power, the woman suffers agonizing pain, hour after hour, and yet no progress is made. In such a case, my amiable friend would say to the practitioner—Never think of letting off the waters to increase the power of the long muscles; never think of artificial dilatation with fingers and occiput; if you do, you reverse the natural order of labor, and cause the cervix to be dilated before the body is sufficiently contracted. Now I had innocently supposed in a case of rigid os, which had refused to dilate after many hours of ineffectual effort, if the over-taxed womb was allowed to rest and refresh itself under chloroform; while the accoucheur by *artificial dilatation* removed the *only obstacle* in the way of prompt delivery: I had supposed, I say, that when chloroform was removed, that the womb, rested and refreshed, would resume its contractions, with increased energy and efficiency; and soon terminate the labor. But Dr. Reamy says, this is all wrong, this process is not physiologically correct, the order of labor is reversed, the body will not be sufficently contracted, if we artificially dilate the neck. This I conceive to be another valuable discovery, for which I trust due credit will be given.

But time will not suffer me to notice any more novelties, we will now refer to a few personalities. On page 282, the Doctor says, he has found the grand key to our discussion, and tries to place me in the ridiculous position of *fixing the time of a natural labor*, something that never was attempted by any obstetrical authority, and probably never will be. When his paper was read a few months ago in our medical society, I corrected this statement, by saying that I had referred *only to the average duration of labor*, that I did not profess to have made any observations myself on the subject, but said that the best obstetrical authorities had fixed *the average duration of labor at four hours*. But it did not suit, it appears, the honorable gentleman's purpose, to give one the benefit of this denial. From false premises it is very easy to deduce false conclusions. Hence the Doctor reasons, if four hours make a natural labor, all over four hours, is unnatural, or lingering; and hence, he charges that Dr. H. advises the rupture of membranes, and artificial dilatation, in all cases which have been in labor over four hours. Now this kind of special pleading might do for some pettifogging lawyer, with a bad cause to defend; who by "legal quirks and quibbles," tries to "befog the court and jury," but is a little out of place in a scientific discussion, and will deceive nobody. When a medical man advises a practice, which he acknowledges is not sanctioned by the authorities, but which he tries to prove is in strict accordance with physiological law, and *which he has proven to be safe and successful*, common justice, and common courtesy, would allow him to define the cases to which he would apply that practice

This does not suit my honest reviewer, he would have me apply it to all sorts of improper cases, in order to suit his points of criticism. In my first essay, I stated distinctly that I would not advise any interference with natural labors, that when nature was doing well her work she should of course be let alone. I did advise the practice referred to, in cases of rigid os uteri, accompanied by inefficient or excessively painful contractions, and to cases of lingering labor. Now there are but very few cases of lingering labor, which cannot be traced either to unnatural resistance by the cervix, or to inefficient uterine contractions, or inertia. Primapara, have generally labors a few hours longer than those of multipara. Such labors are perfectly natural. Indeed a labor of four hours, or less, in a primapara, may be said to be *unnaturally short*. It is no doubt a wise provision of nature, that the process of parturition should be comparatively slow in a first birth. This lingering is explained on purely physiological principles, but is very seldom the result, as Dr. R. *has discovered, of rigidity of the os*. The *time* to interfere in a case of lingering labor, cannot of course be fixed by hours and minutes. This must be left to the

good sense and judgment of the accoucheur. If he has the proper practical skill, he can decide from the physical and rational signs, from the circulation, temperature, the nervous and vital energies, the uterine force and uterine resistance, whether or not nature demands assistance from art in accomplishing delivery. This point decided, in a case of obstinately rigid os, I have found the following practice both safe and efficient:

First, put the patient thoroughly under chloroform. By this agent we allay the excessively painful contractions, we induce a free secretion of mucus, and we soften somewhat the rigidity of the tissues. If, after a season of rest under chloroform, we allow the pains to return, we may find dilatation to go on satisfactorily, or we may not. In the great majority of cases of rigid os, *chloroform alone will not accomplish our purpose.* We might as well expect a strangulated hernia under chloroform, to return without the taxis; or a dislocated joint without extension. If now for a time we suspend the chloroform, the uterus will again contract with energy, increased by temporary rest. If the dilatation does not go on satisfactorily, what next? We rupture the membranes, discharge the waters, and dilate with "well lubricated fingers." But why discharge the waters? It is physiological law, that all muscles increase in power as their extremities approach; as we learn, to our sorrow, in fractures and dislocations. So also all circular muscles gain power by increasing contraction, and lose power by increasing expansion. By the discharge of waters we partially collapse the uterus, and, of course, give the muscles of the body increased power over the resisting circular muscles of the neck. We also stimulate the uterus to increased muscular effort. We find also that mechanical dilatation *is much easier after, than before, the discharge of the waters, (with the patient under chloroform;)* and that we have then less resistance to overcome, and more uterine power to overcome it.

But *why* and *when* shall we artificially dilate? We dilate with "well lubricated fingers," because nature proves inadequate to the task, and because no better method has yet been discovered. But *when* shall this practice be instituted? Just so soon as it becomes evident to the accoucheur that the uterine efforts are unavailing; that the relaxing influence of the chloroform is not sufficient; and that the strength and vital forces of the woman will be too severely taxed and shocked by the painful and protracted struggle.

The principles which should guide us in the dilatation of all circular muscles are few and simple. 1st. The force applied should be *gentle and continuous.* 2d. It should touch as many points as possible of the inner circumference of the muscle to be dilated. The elastic air-bags of Barnes would fulfil all these indications, but unfortunately, they cannot be retained in position when the uterus contracts. The bag of waters is admirably arranged for dilatation, and so also is the occiput of the child, but unfortunately, neither of them may be found adequate to the task in a case of rigid os. We therefore let off the waters to increase uterine power; we give chloroform, to relax muscular contraction; while by gentle and continuous pressure by the fingers, we open up the cervix. The more fingers we can introduce within the circle of the os, the more closely we imitate nature, and the more easy and rapid the dilatation. This object accomplished, we suspend the chloroform, to allow the uterus to resume its contractions, and may perhaps give ergot, if these contractions are inefficient. I have found the same practice most admirably adapted to cases of uterine inertia. We discharge the waters to excite more active contractions; we give chloroform while we artificially dilate; this accomplished, we may perhaps be compelled to give ergot, to give force to the pains.

In closing up this branch of the subject, I have only to say, let those who doubt, test the practice, and form their own opinions. Chloroform has already revolutionized the practice of surgery; so also, let me predict, will it revolutionize the practice of midwifery. Among the many antiquated delusions which its general use will dispel, may be named the following: 1st. That the bag of waters is the *only safe and efficient dilating power;* and that membranes should *never* be broken until the os is fully dilated. 2d. That early rupture of membranes (by inducing excessive uterine action) can endanger the life of the child, while the patient is kept under chloroform; or that the soft parts of the cervix will suffer any violence from a gentle and continuous dilating force, while chloroform is at the same time given.

Time will not allow me to report cases in illustration of the practice to which I refer. Those of my readers who choose to refer to the Reporter for 1866, page 339, will find what I will call a typical case of rigid os, to which I would apply the practice. Had chloroform been given *very early* to this case, instead of waiting until the forceps were applied—had the waters been dis-

charged, and artificial dilatation practised, under full anæsthesia, *just so soon as the character of the cervical resistance was fairly ascertained*, in my humble opinion, this poor woman would have been saved an immense amount of suffering, and would have been safely delivered in less than one-half the time.

Here let me remark, that the great mission of the physician should be to save human suffering, as well as to prolong human life. In these days of anæsthesia, hypodermic injections, etc., the physician who shows his want of common humanity and common skill, by allowing his patients *needlessly to suffer*, will lose both reputation and practice with an intelligent community.

But to return. The reader will please excuse me while I reply to another personality. On page 283, we find the following paragraph by Dr. R.: "Every *close observer* must have noticed the growing prevalence of uterine inflammation and displacements within the past few years. Such has been my observation, at least, in this city and vicinity. Much of this depends, no doubt, upon attempts at criminal abortion; but I do not hesitate to state that much of it also is due to *unwarrantable and needless obstetric manipulation*. I leave the pale and haggard countenances and emaciated forms of these victims to pronounce against the practice in words of condemnation far more eloquent than any I can utter." Now there can be no mistaking "the mark for which the shaft was aimed." That last sentence about "pale and haggard countenances and emaciated forms of the victims," reminds one of the sensational literature which has such a thrilling effect upon the readers of the *New York Ledger*. Pity the gentleman's "pleasant little fiction" was not "founded on fact." Now I have inquired of my professional brethren whether they have observed any evidence of this *alarming epidemic* of *uterine disease*, to which the Doctor refers, and they uniformly tell me they have not. Judging, too, from the number of children found in our public schools, (which our statistics show, exceeds, in proportion to population, that of any other western city,) one would naturally infer that the women of Zanesville *were remarkably free from all uterine disease*. But our *close observing friend*, it appears, thinks differently. Nor is it very singular, how many cases of diseased uterus one of your *regular close observers*, speculum in hand, will find in a community supposed by ordinary doctors to be remarkably healthy. Cases of leucorrhœa, granulations, slight inflammations or abrasions, which common practitioners treat successfully by the proper hygienic measures, astringent injections, etc., soon become, in the hands of these aspirants for obstetric fame, grave cases of organic disease, which require the stated use of the speculum, caustics, etc. The patient, too, may be considered fortunate, if the slight abrasion, under the frequent use of caustic, does not become an ulcer which will never heal until she discharges the man who produced it. It is singular, also, how very accurate these *close observers* become in diagnosis. I have known them mistake reflections of light from the speculum for incipient ulceration, which they soon made both apparent and real. A few months ago, I delivered a woman at term, of a healthy child, who, up to the sixth month of pregnancy, had been under the care of one of these *close observers*, who treated her for uterine disease, made several instrumental examinations, and invariably told her *she was not pregnant, and probably never would be*, on account of the serious character of her uterine ailment. The *result*, of course, added fresh laurels to *close observer's* brow. The speculum is an invaluable instrument in judicious and skilful hands, but it is sometimes *most shamefully abused*. When for trifling ailments, old and young, married and single, are indiscriminately subjected to its use, when popular lecturers refer to its abuse, and comment in the public prints on its demoralizing influence on the female mind, we may rest assured there are graver abuses in connection with the instrument, which require the attention of the profession. If anything will drive the practice of midwifery and the treatment of all female diseases into the hands of practitioners of their own sex, it will be a few more of these *very close observers* scattered through our towns, who, speculum in hand, like Monsieur Micawber, are found eternally watching and "waiting for something to *turn up*."

Then we find the doctor on both sides, or rather on all sides, of the chloroform question. As he very cordially remarks, "I am glad to see the Doctor progressing in the right direction." Now the Doctor virtually admits all I claim in regard to the best manner of administration, says he would prefer it by inhalation for violent pain and all obstetric manipulation; and that some authors think it not absorbed at all until *vaporized* in the stomach. Then why not give it in the shape of vapor at first?

The fact is, there is no great difference between the Doctor and I, on the chloroform question. It is very evident to our readers *that we are both very fond of it*. He takes his, mixed with milk or whisky. I prefer mine, "dissolved in thin air." Now it so happens that Dr. Simpson, soon

after he brought chloroform into notice, experimented with it in all possible ways. He noted its effects on the uterus, when taken into the stomach, and when inhaled by the lungs; and as the result of his observations, decidedly preferred the method by inhalation. Dr. Simpson also experimented as follows: He introduced a speculum, and threw the vapor of chloroform directly upon the rigid os, and had the pleasure of seeing it relax under its influence. He also noticed that it induced a free secretion of mucus. Now, by way of return for the Doctor's *kind and gentlemanly* advice in regard to the study of anatomy, physiology, grammar, dictionary, (sorry he omitted the other elementary branches,) in return, I say, for all this kindness, I will advise the Doctor to test this last practice of Simpson, and throw the vapor of chloroform, through a speculum, directly on the os. Probably this will please my *close observing friend* better than any method he has yet tried.

[To be concluded.]

## ON LIGATION OF VEINS.

By Jno. N. Monmonier, M. D.,
Of Baltimore, Md.

In the time of our predecessors, the application of a ligature to a vein, particularly a large trunk, was generally regarded as a certain and sure cause of inflammation of the vessel, pyæmia and consequently death. Until the occurrence of the recent civil war, I must acknowledge that my mind was considerably impressed with the same idea; but during the conflict I met with many cases of alarming venous hemorrhage, caused either by the instruments of warfare or the surgeon's knife, which did not yield to the ordinary hæmostatics, pressure, torsion, cold applications, etc. These cases were of such frequent occurrence that I was compelled to regard the application of the ligature as a *dernier resort* for arresting the flow of blood. I encountered, from this cause, much difficulty and annoyance in amputations, especially of the thigh and leg, and also in the extirpation of tumors. It is true that in many of the cases operated upon there existed a hemorrhagic diathesis or a scorbutic condition of the system, wherein hemorrhage was more likely to occur and become troublesome. Heretofore the supposed dangers of tying a vein were *phlebitis* and *pycemia*, and for this reason many surgeons refrained from performing the operation. But I must say from personal experience and extensive observation during the war, I saw but few cases which terminated in either of these affections. Some ended in secondary hemorrhage, which, I believe, is far more apt to supervene. Secondary hemorrhage from the internal jugular vein, following the ligation of this vessel, was comparatively a very common occurence. I observed phlebitis and pyæmia were more frequently produced by lacerated, punctured or contused wounds, than those inflicted by the knife and the irritation caused by the application of the ligature.

As all my accurate notes and records of cases were either lost or destroyed with the surrender of the Army of Northern Virginia, my statements are mostly made from memory. The following are some of the few cases, operated upon by myself, which I propose to mention.

In thirty or forty cases of amputation of the thigh the femoral vein was ligated with no bad result, excepting in one where pyæmia followed and resulted fatally on the eighth or tenth day after the operation. In one case of a wound of the femoral vein, caused by thrust of a bayonet, the ligature was applied and gangrene of the lower extremity followed about the fifth or sixth day.

In one case of the brachial artery, partially severed, with entire severance of the axillary vein, the hemorrhage from the latter vessel not yielding to pressure, the ligature was applied and with no serious result. A soldier was wounded in the left external carotid artery and internal jugular vein, by a carbine ball which emerged posteriorly near the base of the cranium. This was one of the cases of wounding of these vessels which instantly proves fatal if the surgeon is not at hand to give immediate assistance. At the time the man received the injury a surgeon was by his side, who instantly stuffed the wound full of lint. This for a short space of time arrested the hemorrhage. I operated upon the case, tying the common carotid, for the wound in the external carotid was so near the bifurcation as to preclude the possibility of ligating it. After trying the ordinary measures to arrest the hemorrhage from the vein, and failing, I did not hesitate also to ligate it. Secondary hemorrhage did not follow the application of the ligature, and the patient entirely recovered. In some fifteen or twenty cases of amputation of the forearm the *median* and *basilic* veins were ligated, as the hemorrhage from them was obstinate. In two of these cases secondary hemorrhage supervened. In one pyæmia. The sutures most generally used in these cases were silk, and in some few, silver wire and horse hair.

## A SEVERE CASE OF RETROFLEXION OF THE UTERUS.

### Successfully Treated by the Use of Banning's Brace and Uterine Balance.

By Stephen Smith, M. D.,
Of New York.

A young lady came under my care during the past winter with the following history: She was twenty-seven years of age, five years married, but had never borne children, of nervous temperament, had suffered from chorea when a child, and for the last ten years had symptoms of uterine displacement, which had gradually increased in severity. She had recently been treated in a neighboring city for the latter affection, and had been temporarily much relieved by the use of pessaries.

At the time she first came under my observation, she was suffering so much from a dragging sensation in the epigastric region and back, and such a weight in the pelvis, with pain in the left hip and thigh, that she could walk about only with great discomfort. She was accustomed to sing in one of the churches, and on Monday she would scarcely be able to sit up, owing to the aggravation of her symptoms from the effort at singing. She menstruated regularly, and had never suffered from leucorrhœa.

Examination revealed retroversion of the uterus, with a certain degree of retroflexion, and a marked descent of the organ. The body rested upon the perineum, and the os was elevated somewhat toward the urethra. There was no tenderness of the body, and on placing the patient on her knees and elbows, the uterus was readily restored to its proper position, with a relief to most of the severe symptoms. There was no disease of the os, nor of the cervix, and the uterus was of about its normal size. Her affection seemed to be displacement of the uterus without any local disease.

From the relief which she experienced when the organ was reposited, it was apparent that the chief, if not the only measure required in the treatment would be uterine support. But by what means could that support best be obtained? The ordinary pessary I had long since discarded as a rude, unscientific, and frequently dangerous appliance, preferring the sponge or astringent applications where the former was indicated. I had, some time previously, glanced over the series of papers of Dr. Banning which was appearing in the Medical and Surgical Reporter, and was struck with the rational mode of supporting the uterus, when prolapsed, therein recommended, and the correctness of the principles laid down. I determined therefore to make trial of the instrument in this case.

On visiting the patient for the purpose of applying the instrument, I found her suffering from an abscess of one of the labia. On recovering from this disease, she exposed herself to cold at her menstrual period, and as a consequence, was attacked with metritis. The inflammation was principally limited to the posterior wall of the uterus, which became much enlarged and extremely sensitive. She was now unable to stand upon her feet, on account of the pressure upon the sacral nerves and the tenderness of the uterus. The pressure of fecal matter upon the uterus in the movement of the bowels, caused the most intense anguish. The various remedies employed, both local and general, merely mitigated the symptoms, but gave no prospect of permanent relief after two or three weeks of efficient trial.

On reflecting upon the case, it became more and more apparent that as long as the displacement continued little could be expected from treatment. The displacement of the organ necessarily involved the condition which would finally give rise to inflammation; or, inflammation once established, these conditions would render it permanent. It might be compared to a dislocated shoulder with its attendant inflammation, the proper remedy for which was, not local or general means, but prompt replacement of the bone to its normal position, and its retention by proper apparatus. Reposition of the uterus and its retention in its normal relations in the pelvis would be applying to this inflammation the first great principle in the treatment of all acute inflammations, viz., place the part in such position as to secure rest, remove all exciting causes, and relieve congestion.

I therefore determined to attempt at once the application of Dr. Banning's uterine supporter, being satisfied, on examination of the instrument, that the internal pressure in the posterior vaginal cul-de-sac would leave the body of the uterus free from direct contact, and that the patient would readily tolerate it. My anticipations were fully realized; though she suffered considerably from the manipulations necessary to adjust the instrument, on account of the extreme tenderness of the body of the uterus, yet when once in position, she expressed relief from the downward pressure from which she had suffered so much. She tolerated the instrument from that time without complaint, and the uterus gradually as-

cended, under the influence of the continued pressure, until it reached its proper position. The inflammation subsided, the size of the uterus rapidly diminished, and in about a week the patient was able to walk about with comfort. At the end of a fortnight she packed her own trunk and returned home. She has since, after an interval of several weeks, called upon me, and is entirely relieved of all her former symptoms. Though she wears the instrument still, yet when removed, she walks with ease, and the uterus retains its normal position. She regards herself as having entirely recovered from an affection which has made her life miserable forthe last ten years.

## NOTES OF POST-MORTEM APPEARANCES IN A CASE OF VEGETABLE NARCOTIC POISONING.

By M. M. Brown, M.D.,
Of Ithaca, New York.

A boy æt., twelve years, son of Adam Harrison, of this town, came to his death quite suddenly, June 20th, 1866. I was called early on the morning of the 19th, to see him, and obtained the following history of the case. It seems that the boy was anxious for several days to go to Homer, with his brother, who is a tin pedler; he was finally allowed to go. They did not reach Homer the day they left home, but put up at an inn a few miles this side. The boy made the acquaintance of some lads who resided near the tavern, and they together went into the woods after wintergreen. On the following morning, young Harrison complained of being sick at the stomach, and after taking a slight breakfast, vomited. The landlady gave him some peppermint-water, and a pill, but the stomach ejected them both.

The irritability of the stomach continued till he died. About six hours subsequent to the time the vomiting commenced, small red spots were discovered on the integument covering his lower limbs: a few hours later they appeared on every part of the body. They resembled the petechiæ, seen in violent fevers, for instance, typhus.

The brother becoming alarmed, hired a carriage and took him home. About the time the petechiæ first appeared he complained of drowsiness. After his arrival home the symptoms above-mentioned grew more marked, and his integument became literally covered with red, and dark red patches; some of them as large as an old fashioned penny. His integument was very sensitive; if he was touched ever so gently, he would arouse from his comatose state, and cry out, and then fall again into the same sleepy condition. His pulse was small, and slightly wiry, beating one hundred and sixty per minute; it did not vary from this five beats, till within two or three hours previous to his death. His respiration was rapid, but seemingly, not labored. He did not complain of thirst, though his mouth was dry, and tongue dark colored, and much swollen. He died at half-past two o'clock, in the afternoon on the 20th, having taken sick on the morning of the 19th. The evening of the 18th of June he ate the pyrola.

I held an inquisition on the body a few hours after death, and the post-mortem appearances are as follows.

The lungs slightly congested. The larynx not swollen, but the mucous lining very dark red. Fauces dark colored. Heart sac contained about one ounce of serum. Right ventricle empty; left one contained a small clot of blood and lump of fibrin, which resembled a small polypus, it was undoubtedly whipped out by the excessive action of the heart on retained blood in the ventricle; it was found clinging to the chordæ tendinæ. The liver healthy. The mucous membrane of stomach covered with patches very like those on the integument, but very small, most of them being mere specks. The stomach was entirely empty, and its lining very much corrugated. Intestines healthy in appearance, vermiform appendix, about six inches in length, and contained within it a lumbricoides ascaris, the end of the worm within the intestine was alive, and constantly in motion. The portion within the appendix was apparently united to it, it could not be separated easily, unless the scalpel was used. No inflammation, or other unnatural appearances, than the presence of the worm. The rest of the viscera in a healthy condition.

By request of the friends, we did not open the skull. It is my opinion that he died from the effects of a vegetable narcotic poison. I have heard the opinion of two homœopathists; one said the cause of death was *scarlatina maligna;* the other, that he died from *belladona poisoning.*

The regular physicians here think he died from poisoning, agreeing with me, as to the nature of the poison taken. Some physicians claim that he ate laurel (*kalmia angustifolia,*) others that he died from the effects of a poisonous species of pyrola.

As opinions are so conflicting as to what poison was taken, I will leave the readers of this to form their own opinion. The stomach being empty, we could not ascertain what he had eaten for a certainty.

# Hospital Reports.

Pennsylvania Hospital,
*February* 13*th*, 1867.

## Surgical Clinic of Dr. Agnew.

Reported by Dr. Napheys.

### Fracture of Humerus at Surgical Neck.

This man some days ago fell from the third story of a building and struck on his shoulder. When he came into the hospital he was unable to raise his right arm; was suffering from a great deal of acute pain, and there was some discoloration and swelling about the shoulder. Examination showed a fracture in the surgical neck of the humerus, a not uncommon accident in this hospital.

This fracture is sometimes overlooked in consequence of its being situated so high up and buried underneath the deltoid muscle, still it is not very difficult to recognize. On raising up the arm, of course, if there has been a separation in the continuity of the bone, there must be an angular deformity, which may be felt with the fingers in the axilla. Crepitation can usually be produced, which can be both felt and heard. The displacements which occur are as follows: the lower end of the upper fragment is tilted upwards and rotated inwards. Upwards by the supra-spinatus muscle, which passing underneath the acromion process to its insertion in the greater tuberosity, near the head of the humerus, is in a favorable position to produce that deformity, rotated inward by the subscapularies; the lower fragment is drawn in towards the side by the action of the latissimus dorsi and the pectoral muscles and upwards, (thus shortening the distance between the acromion process and external condyle,) by the action of the clavicular fibres of the great pectoral muscle and the deltoid. The arm is therefore usually found shortened after this accident, and the lower fragment towards the body and in the axilla. Sometimes when the fracture has been attended with contusion and much injury of the soft parts and the obliquity of the fracture has been such as to produce a sharp point, this will be drawn up in contact with the axillary plexus of nerves, and great suffering will be experienced by the patient.

In the treatment, the first thing to be done is to restore the parts to their proper position. Sometimes, in a little while after the muscles have become weary, the weight of the arm will in a measure draw the lower fragment down. This should not be waited for however, but the parts should be replaced by making traction on the elbow joint, and then bringing the arm to the side of the body, thus at once, by relaxing them, setting aside the displacing power of the pectoral and latissimus dorsi muscles. A little traction of the arm, with the introduction of the finger on the inside of the humerus far into the axilla to mould the fragments into position, is all that is necessary for their proper restoration. To retain them so, the simplest and most efficient method is to surround the arm by a spiral reverse from the fingers to the shoulder, for the purpose of controling muscular action, giving a proper support to the capillaries and preventing swelling, and then to place an internal angular splint on the inside of the arm, a piece of muslin being interspersed between it and the side of the body to prevent excoriation.

It is regarded by some as very essential that there shall be a wedge shaped pad inserted beween the side of the body and the arm, but cases do not always demand the insertion of such a pad. There is a belief that it counteracts the tendency of the latissmus dorsi and pectoral muscles to draw inwards the lower fragment, but this is done away with by their relaxation effected by the placing of the arm at the side.

On the outside of the arm a concave splint is placed, made of a piece of binder's board of a length equal to the distance from the acromion process to the external condyle, and of a breadth sufficient, when placed in hot water and applied to the arm, to pass around the anterior and posterior portions to the angular splint on the inner side. This should be modeled so as to extend over and fit the shoulder. The value of having it rest against the acromion process is that a point of resistance is thus obtained, so that the fragments can be brought firmly in contact with each other, and the lower fragment kept outward on the application of the bandage. A bandage is then applied over the splint, and the arm secured to the body by a thin roller, using a sling to support the forearm, the elbow being left free so that the weight of the arm may act as an extending force.

A variety of splints may be employed, for instance, vulcanized rubber makes a very elegant material. The great object in the treatment of fractures is to simplify the subject and use the simplest and cheapest dressings that will accord with efficiency. If equally as good results can be accomplished with cheap binder's board and a shingle as with the most costly rubber, why not employ them?

The internal angular splint should extend up to the axilla, oakum or cotton being used to ward off pressure. As the dressings are repeated the the angle of the splint should be altered. The tendency is always for the arm to become somewhat stiff at the elbow, but by changing the angle of the splint a little passive motion is kept up, which will not at all interfere with the proper relation of the fragments. The use of the internal angular splint is to prevent the patient from extending his arm, which of itself would be sufficient to produce displacement.

### Lacerated Wound of Hand.

This boy had a circular saw carry away the index, middle and ring fingers of the left hand, making a very ragged wound, severing all the soft parts and bone. This belongs to a class of accidents very numerous in this hospital.

What is to be done in a case of this kind? In consequence of the tissues being very much torn and ragged at the seat of injury, the surgeon might be tempted to go higher up and amputate. But there would be after such an operation more or less sloughing, and it is great deal better to re-

move the bone at a point where it can be covered by the ragged tissues. The soft parts should be freely separated from the bone, which should be smoothly taken off, so as to admit of the flap, formed by the separation of the tissues covering the extremity, then only that part of the soft tissues very much displaced and torn should be trimmed away. The parts should then be carefully adjusted and supported with adhesive plaster. Union by the first intention is not to be hoped for. A little sloughing will occur, but the granulations which can be secured after such an accident will give a finger of greater length than if amputation had been performed higher up, and the result will be in every respect equally favorable.

In this case all that was done was to trim away any unequal projections of the soft parts, the ends of the bones cut off smooth, and the flap brought over them and supported by adhesive plasters, carried from the palmar surface over the stump to the dorsal aspect of the fingers. The sulphite of soda dressing was employed and the whole placed on an anterior splint. The surface to be filled up by granulation, looks to be very large, but it will be diminished more than one-half by the approximation of the margins of the wound by means of the adhesive strips, which need not be done oftener than every second day, although the stump should be dressed every day.

### Compound Fracture of Finger.

This is another case of conservative surgery. The rule of practice which ought to be laid down is, that nothing should be sacrificed where there is the least probability of saving it, the patient should always, even when the matter is very problematical, have the benefit of the doubt.

This boy came into the hospital with a compound fracture of the ring finger of the right hand, the line of fracture being very oblique, three-fourths of an inch long, extending the whole length of the middle phalanx. The finger was merely hanging on by a little of the soft tissues on the palmar surface. The temptation would be to cut it off at once, nothing but the few shreds of soft tissue holding it. It being believed, however, that one if not both of the digital arteries was still in the small portion left of the soft structure, the parts were supported with adhesive strips and placed on an anterior splint. Union has taken place, and the boy is going to have a good finger.

### Incised Wound of Wrist Joint.

This boy fell upon a bottle, which broke and cut off the left radial artery where it passes between the radius and the first row of the carpus, and opened the articulation of the wrist joint. The accident happened some time ago, and the case is now presented to show how it has progressed.

To open a joint, especially such a complex one as the wrist, is always a very serious accident. When the wound is small, union by the first intention may be obtained, but that is exceptional. When a free opening is made into a joint, the consequences are likely to be synovitis, with sinuses resulting in true or false anchylosis. At the wrist joint, inflammation extending through the whole system of carpal bones, where there are so many synovial membranes, might render amputation of the hand necessary. It is hoped that the wrist joint may be saved in this case, and this hope is based on the age of the boy, the recuperative powers of such an age being very great.

The wound divided the radial artery and required its ligation. There is a little synovial fluid welling out, but by no means so large an amount as at one time. Cicatrization has begun, and it is hoped it will skin entirely over, leaving no small opening, although there may be a sinus which will continue to discharge for a long time. There is motion of the articulation, showing that there is no adhesion between the articulating ends of the bones as yet, either false or true, but that by no means conveys the assurance that there will not be.

Abscesses may form in any part of the arm after such an accident, for where the sheath of tendons have been opened there is a tendency in the purulent matter to run up and dissect the muscular structure. This has been counteracted by the pressure made upon the parts by a bandage. An abscess formed on the back of the hand which was opened. The boy's hand is kept upon an anterior splint, and the sulphate of soda and tepid water dressing applied. A final result is not expected under three or four months, perhaps a longer period than that. The greatest care will be taken to preserve the general health, by giving him the advantage of fresh air, a generous diet and a little iron, keeping up motion of the joint from time to time.

# Editorial Department.

## Periscope.

### Saururus Cernuus.

Dr. D. L. Phares, of Newtonia, Miss., is making some valuable communications to the medical journals on our indigenous materia medica. The following we copy from an article in the *Atlanta Med. and Surg. Journal:*

The plant grows in fresh water marshes throughout the Southern United States. The whole plant is medicinal and has a rather offensive, heavy, slightly aromatic odor and taste. It is lenitive, antispasmodic, sedative, slightly astringent. It has been much used in some parts of the country in regular as well as domestic practice, as a soothing, discutient cataplasm. It has been highly and specially recommended as a remedy to allay pain, and prevent suppuration in mammary inflammation.

But for ten or twelve years I have employed it very extensively, and with most satisfactory results in the treatment of irritations and inflammations of the kidneys, bladder, prostate gland, urethra and epididymis. It is specially indicated in all cases attended with strangury, ardor urinæ;

and when freely exhibited in warm infusion, very promptly removes the unpleasant symptoms. It is a valuable palliative in gonorrhœa and chordee; and a good vehicle for, and adjuvant to other remedies addressed to the genito-urinary organs. It is not offensive to the stomach, and consequently is rarely rejected, even, when that organ is in an irritable condition; it tends rather to allay the irritation.

I would venture the suggestion, that this plant might be advantageously employed in treating some affections of the vagina, uterus, and ovaries, both constitutionally, and in the former two locally. I think it might be used also beneficially in certain conditions of the nasal passages, fauces, trachea, bronchia, etc.

In some parts of the country where I have introduced its use, it has become so popular, that whole plantations of it have been exhausted. A strong, hot infusion of the plant, crushed, whether dry or recent, is made. Of this, the patient may take from one to four ounces, every quarter or half hour, or only three or four times a day, according to the urgency of the symptoms or particular object had in view in its exhibition. It may often be substituted for buchu or uva ursi leaves, and in many cases, is much superior to either.

### Epilepsy Treated by Lactate of Zinc.

Dr. C. F. Hart of Chicago, communicates to the *Chicago Medical Journal* a memorandum of his experience in the treatment of Epilepsy by the Lactate of Zinc. He was led to its use by an article from Dr. Herpen, copied into the *Medico-Chirurgical Transactions* for 1857, p. 384.

The remedy was used on patients in the Western Lunatic Asylum of Kentucky, in which Dr. Hart was Assistant Physician. There were first selected five of the younger and more robust epileptics. "The dose given was, at the commencement, one grain three times daily, and that before each meal. In these cases, the spasm came on once or twice a month, and continued for several days, always leaving a prostrated condition in the patient. These chosen patients were placed under treatment at different stages of the disease, or else of the attack: before, during, or immediately after recovery, and, in all, with a decided benefit. The paroxysms came on less frequently, and were milder in their effects, leaving them in a stronger and more healthy condition than before—some would pass as many as three or four months without a recurrence.

We were thus induced to try it on all the patients in the asylum (epileptic of course), and they were very numerous, there being 240 in the hospital. The result was an improvement in all, though not so marked as in those first selected for experiment. These first were all young, none had been affected over six years, and none less than three.

The zinc was then combined with extract of belladonna, in the following formula:

℞. Zinci lactas, ʒss.
Ext. belladonnæ, gr. viij. M.
Et. in pil., No. x. div. S. One before each meal.

This proved more efficacious than either separately, and in no case have I ever used it without effectually controling the paroxysm in from 24 to 48 hours.

In 1861, whilst I was connected with the institution, one of the female patients, 27 or 28 years old, who had been affected from childhood, and had suffered severely, whose mind was almost gone, never passing a week without a paroxysm, which frequently lasted a week, the spasms recurring so rapidly that it was difficult to say when they commenced, and when they ended. In one of these attacks, commencing during the night, and continuing all night, increasing in frequency and force, I gave these pills of zinc and belladonna. The first, I gave myself, opening the mouth, and by means of a spoon, passing it beyond the epiglottis. The nurse was directed to repeat the dose in three hours. But before the fourth pill was given, there was a material abatement of the paroxysm.

I tried it several times that summer upon her and upon others with like success; and again, in 1863–4 upon the same case, with the same effect.

### Acetic Acid in Cancer.

The use of this acid in malignant growths is deservedly attracting the attention of surgeons. The following cases, reported by Dr. D. M. Clay of Shreveport, Louisiana, in the *Southern Jour. of Med. Sciences*, are perhaps unusually flattering examples of its action.

An elderly woman had been suffering several months with a painful tumor on the middle third of the forearm, radial aspect. Eventually ulcerative action was set up, attended with all the excruciating suffering consequences incident to the progress of encephaloma.

In three weeks from the first application the morbid growth was completely destroyed, and healthy integuments closed over the chasm which had formerly been occupied by such an unpromising mass. How long this respite or immunity may last is simply a question of time. The lymphatic glands in the axilla had already become involved, either by sympathy or deposit of morbid products. Since the subsidence of the local affection in the forearm, the glands in the axilla have returned to their normal condition, and I might add, the general health is wonderfully improved.

The second case was a fibrous tumor, situated in the cervix uteri, which had encroached on the body of that viscus, producing an erosive ulceration by pressure. The patient was very anæmic, and presented the usual facts peculiar to long suffering and exhaustion, and quite despondent relative to her condition. On the second day after her admission into the infirmary, the major portion of the tumor was removed with instruments, and owing to her feeble condition, further operative procedure was deferred. Iodine was assiduously applied and persisted in for some time, before recourse was had to acetic acid.

Twelve hours after the first application of the acid we had the pleasure of witnessing one of

those wonderful changes which can but be appreciated by the devoted men of science. True, the general condition of the patient was not much improved, but the local parts in so short a time had assumed quite a favorable aspect. The restorative treatment was vigorously carried out in connection with the topical application of the acid, which soon began to improve the general condition. From this time I may say that convalescence commenced, the debris of the mass passing away, succeeded by healthy action on the part of the mucous membrane of the uterus.

The third case was one of epithelial disease, involving the lower lip of a negro man, a patient of Dr. R. A. Gray. The disease was of some duration before active ulceration commenced. After the ulcerative process was fairly established, Dr. Gray applied the acetic acid, and continued to do so for several days, until the diseased action appeared to be arrested. It is truly remarkable with what rapidity bridges of healthy skin are projected across a chasm formerly occupied by morbid growths; it may be owing to some peculiar effects of the acid imparting to the surrounding structures vitality or recuperative power, or it may be owing to the morbid growths infusing their redundant developmental action into the surrounding integuments.

# Reviews and Book Notices.

## NOTES ON BOOKS.

The dull season is upon us, and authors and publishers are alike reposing from their labors. Neither the American nor the English press announce anything new. Republications are in vogue, rather than original works. New York houses announce, "Human Life, considered in its Limitations," by Dr. Sweetser; "Popular Lectures on Food," by Dr. E. Lankester; a "Treatise on the Emotional Disorders of the Sympathetic System of Nerves," by Dr. Wm. Murray; Dr. Forbes Winslow's "Light, its Influence on Life and Health," and a "Treatise on Melancholy," from the French of Dr. E. Du Vivier.

There is nothing worth mention in British announcements, and in French there is little. Dr. E. Goubert has written a "Manual of the Art of Post Mortem Examinations;" Dr. Joulin, a work on midwifery, "Traité Complet d'Accouchements," and what must be an interesting memoir, has appeared from the pen of Dr. G. Cuzent, on the "Epidemics of Guadaloupe," which desolated the island in 1865–66.

In May last, Messrs. D'Epineuil & Reed, of this city, commenced the publication of "The Scientific Journal," a weekly, devoted to scientific and practical information on manufactures, inventions, mechanics, the arts, etc. We are in receipt of the numbers since, and are highly pleased with their character and appearance. Terms $3.00 per year. It is handsomely illustrated and ably sustained.

After some delay, not at all owing to negligence, but to a desire on the part of the compiler, Dr. John Shrady, to make the work as perfect as possible, the fifth edition of "The Medical Register of the City of New York and Vicinity" has appeared. It is for the year commencing June 1st, 1866, and with a proper appreciation of the enduring value of such records, it appears under the supervision of the New York Medico-Historical Society, a sodality, the like of which it were well to institute in other medical centres. The Register is a 12mo., of 355 pages, and besides a list of physicians, contains very abundant information on the medical colleges, societies, asylums, dispensaries, etc., and a number of obituary notices, sanitary statistics, etc.

We return thanks to Dr. B. S. Catlin, Secretary of the Board of Health of Troy, N. Y., for a copy of the Report of that body for 1867. It discloses an honorable activity for the common weal by the members, and its recommendations on the subjects of public drainage, a more thorough system of vaccination, and the establishment of a city dispensary, are of a nature that not only the citizens of Troy, but of all other large towns will do well to take into most serious consideration. They are parts of that great reformation of which disinterested physicians are the apostles.

Dr. W. S. Forbes, of this city, has recently published, for private circulation we believe, a "History of the Anatomy Act of Pennsylvania." (pages 23,) in obtaining the passage of which he took a leading part. The act marks an epoch in medical history, and is worthy of such commemoration.

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**History of the American Civil War. By John W. Draper, M.D., LL.D., Professor of Chemistry and Physiology in the University of New York, etc. etc. In three Volumes. Vol. I., containing the Causes of the War and the Events Preparatory to it, up to the close of President Buchanan's Administration. New York: Harper & Bros. 1867. 8vo. cloth. pp. 567. *Price*, $3.50.**

Those who are familiar with Dr. Draper's philosophy of history, as set forth in his previous writings, are aware that it is summed up in an expression of his own in the present volume: "What can be, is," with the corollary, "Whatever is, must be." In other words, it is fatalism, materialistic fatalism, in its broadest sense. So-

cieties, he says in his preface, advance in a predordained and inevitable course. The chain of cause and effect knows no break. Therefore, leaving the venerable Knickerbocker quite in the shade, he commences the history of our civil war, not in the late days of Adam or Noah, but in the very beginning of things, far back in the Azoic ages of the world. What folly, he argues, to call your neighbor names, and shoot him for political and religious opinions, for which in point of fact, not he, but climate, isothermal lines, geologic strata, and ocean currents are responsible. *C'est une philosophie comme une autre*, and we are glad to have for it such an able defender and exponent as Dr. Draper. His book is crammed with epigrammatic sentences, and terse suggestions, cold, brilliant, and brittle as icicles. There is a large class, especially in our profession, who heartily endorse his views; and they, and all who admire fine writing, will not fail to find this work eminently to their tastes. We frankly confess to accepting no such theories, and incline to class them with that famous physiological one of Dr. Cabanis, which asserted that the divine afflatus that inspires the poet arises from the small intestine! This theory aside, so far as we have examined his history, we have found it a carefully compiled, honest, and impartial statement of facts, and we doubt not will still further extend the wide reputation of Professor Draper as a writer and thinker.

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**The Principles and Practice of Disinfection.** By Roberts Bartholow, A. M., M. D., Professor of Materia Medica and Therapeutics in the Medical College of Ohio, etc. Cincinnati: R. W. Carroll & Co. 1867. 1 vol. 8vo, pp. 112. *Price*, $1.00.

This monograph supplies a demand, and supplies it well. The work is divided into three parts, treating respectively of substances upon which disinfectants are intended to act, their mode of action, and their application. Putrefaction the author distinguishes as not the cause of specific disease of any kind. This he attributes with Beale to "diseased germinal matter." To destroy or render inert this matter is the chief duty of disinfectants. For purifying air he recommends especially ozone, though neither the directions for preparing it nor the tests of its presence are as complete and varied as they should be. Thus he does not refer to the method of obtaining it by ether nor to the effect of light, and air currents on the ozonoscopic paper, an understanding of which is essential to correct observation. The permanganates he rates rather low. For disinfecting water he recommends boiling and the charcoal filter as superior to any other practicable method. He thinks a judicious use of various kinds of disinfectants, some to destroy the floating morbific matter, others to arrest putrefaction and the further development of dangerous germs, and others simply as deodorants, should be combined. Unfortunately this demands more knowledge, more money, and more trouble than the mass will give, and a model disinfectant, combining all these properties, and *cheap*, is still a desideratum.

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**Micro-Chemistry of Poisons, including their Physiological, Pathological, and Legal Relations: adapted to the Use of the Medical Jurist, Physician, and general Chemist.** By Theo. G. Wormley, M. D., Prof. of Chem. in Starling Med. College, and of Nat. Science in Capital Univ., Ohio. With seventy-eight illustrations upon steel. New York: Bailliere Brothers, 520 Broadway. 1867. 1 vol. 8vo., pp. xxxi. 668.

Of the many works on toxicology which have appeared during the last score of years in this country and in Europe, this is in many respects the very best. It is an honor to American medical science, and will place its author in the very foremost rank of scientific microscopists. It is impossible at present for us to do more than lay the general character of the work before our readers. Inorganic and vegetable poisons are treated of in separate parts. Each poison is examined in reference to its history, preparation, symptoms, treatment, post mortem appearances, general and special chemical properties, and separation from organic mixtures. As the title of the work hints, especial attention is devoted throughout to the use of the microscope in detecting toxical elements, and the perfection to which the author has carried this method is absolutely astonishing. But the more strictly chemical tests have by no means been overlooked, but repeated and carried to a degree of precision which they have never hitherto approached. As the author modestly remarks in the preface, "those acquainted with the subject will find that in the consideration of nearly every poison more or less has been added to our knowledge, either in regard to the methods of analysis, the introduction of more delicate or confirmatory tests, or the methods of separation from organic mixtures."

Not the least remarkable part of the work is the engraving. This is done on steel with such finish and beauty that we have had to examine many of the plates with a microscope in order to appreciate their minute perfection. These illustrations were not only *drawn* but *transferred to steel* by the author's wife, who deserves to rank

as high in the artistic as Dr. Wormley in the scientific world. They are all from the microscope, and their fidelity is everything that can be desired.

With this instrument, pursuing the methods here laid down, it becomes a comparatively easy matter to detect by the eye with unerring certainty, for instance, the 100,000th of a grain of arsenic or mercury. The incalculable value, therefore, to the jurist, physician, and chemist, of an acquaintance with it, justifies the years of fruitful labor expended in the preparation of this work. We hope and believe that it will be appreciated by them all.

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**The Physiology and Pathology of the Mind.** By Henry Maudsley, M. D., Physician to the West London Hospital, Honorary Member of the Medico-Psychological Society of Paris, etc. New York: D. Appleton & Co. 1867. 1 vol., 8vo., pp. 442. Cloth. *Price*, $4.00. From Duffield Ashmead, Philadelphia.

This is a remarkable book, meriting the attention of all interested in psychological medicine, or in metaphysical science. For the author boldly attempts to bridge over the chasm between the material and the immaterial world, and to reconcile mind with nature by physiological facts. The originality in the book is not in the method by which he seeks to accomplish this, but in the skill with which he combines the most recent results of the histology of the nervous system into a theory of mental science. The result is a materialism of the most avowed character. We have, however, looked in vain for plausible answers to the objections which have often been urged to this system, and never really met, for instance, the nature of the absolute, the doctrine of innate ideas, and the origin of the sense of ought. The whole question of innate ideas is dodged by a quibble on words (p. 109); the plain distinction between absolute (mathematical) truth and relative (experimental) truth is nowhere recognized; and the question of the conscience is slurred over with the shallow and trite objection, that the notions of good and evil are of education only. These are weak points in his book, and the belief expressed that the time will come when the mind will be studied from a material stand-point only, is singularly premature, in face of such lacunæ. It is well to study the mind as much as possible through its organ, the cerebro-spinal system, and this is excellently done by Dr. Maudsley, but it is just as gross an error to deny the value of metaphysics in the inquiry, as for metaphysicians to refuse all weight to physiology.

The author has carefully studied his subject, and brings to bear a wide reading in physiology and pathology, much experience in mental diseases, and a shrewd subtle intellect. The style, in parts, is rather heavy, and occasionally disfigured by Germanisms, such as "the genius-product of the centuries," though, for that matter, the author's German is not inexpugnable, as on p. 118, he literally translates *Einbildung*, imagination, as "the *one-making* faculty," mistaking the preposition *ein*, *in*, for the adjective *ein*, *one!*

The second part of the work is the best. Here the author is not *ultra crepidam*, as he certainly is in some passages of the first part. It treats of the causes, variety, pathology, diagnosis, prognosis, and treatment of insanity, and combines the most exact observation and clinical accuracy, with broad views and deep thought. It will repay the study of all interested in the higher questions involved in mental alienation.

One cannot but regret that so many physicists, when turning their attention to such matters, content themselves with the insufficient premises of Locke and Hobbes. The metaphysics of the future will, no doubt, be built on observation. But any system that deliberately rejects all appeal to consciousness and all recognition of the absolute, not only displays an ignorance of the true methods, and the limits of such observation, but lays itself open to the far graver charge of maintaining doctrines which make men worse neighbors and more dangerous members of society. The book is on the best of paper, and the typographical execution as near faultless as may be.

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### Uses of the Bromide of Potassium.

Dr. B. Brown, of Washington, D. C., in a late number of the *Amer. Jour. of Med. Sciences*, emphasizes the advantages to be derived from the use of bromide of potassium in acute and chronic affections of the ovaries and testes. When young women about the age of puberty manifest hysterical tendencies, referable to more or less inflammation of the ovaries, when men suffer from those drawing, dragging pains along the spermatic cord, common with both acute and chronic orchitis, and in all forms of these diseases themselves, the author thinks great advantage will be gained by the persistent use of the remedy in scruple or half drachm doses, three times a day. In the same journal Dr. C. C. Shoyer, of Kansas, gives a case of puerperal convulsions, violent in character, in which chloroform, etc., had been tried in vain, checked promptly by 15 grain doses hourly. In this instance the patient took ʒijss of the bromide in nineteen hours, without any unpleasant sequelæ.

Medical and Surgical Reporter.

PHILADELPHIA, AUGUST 10, 1867.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

### $10,000 REWARD.

If the love of lucre can brighten the eye or sharpen the ear of science to keener insight into nature's wonders, an opportunity is now at hand. An English gentleman, who retains his incognito, but who is guaranteed by the chairman of the London Hospital, engages to give on July 1st, 1868, *two thousand pounds sterling* to any person who in the meanwhile shall have discovered any means by which, in all or nearly all cases, pain can be both permanently and completely extinguished, as it can now be extinguished for a short time by chloroform. The means must be easy of application, not dangerous, and of moderate cost. "Such a discovery," continues his advertisement, which we notice in one of our British exchanges, "seems impossible; but, twenty years ago, it would have seemed incredible that means could be found by which even the most terrible operations can be performed without pain.

"Should no such discovery be made, £1000 will still be at the disposal of the judges, as rewards for any kindred discoveries of minor importance, but yet of great service in the relief of pain. Each discovery is to be made public as soon as its value has been ascertained, after which no second person can claim a division of the reward for the same. The inventor will have the option of patenting his discovery or of claiming the reward, but he cannot do both."

The judges will be appointed by the chairman of the London Hospital, and will include some of the medical staff of the leading hospitals. All communications must be written legibly in the English language and addressed to A. Z. Esq. care of the Secretary of the London Hospital, London, England.

### THE PUBLIC HEALTH

Continues good. We still have reports of cases of cholera on the western frontier, and it seems to be steadily advancing eastward. The mortality is not great, simply because the disease prevails in small towns on the frontier, and the material is wanting. In Memphis there were 40 deaths from cholera last week. A few cases occurred in New York city. None are reported here. The mortality from it in some parts of Asia is said to be fearful.

It prevails to a considerable extent in some portions of Europe, being most fatal on the island of Sicily. In the province of Girgenti, in that island, from the 18th to the 27th of June, 2573 attacks, and 1371 deaths; Caltanisetta, from the 17th to the 27th, 1305 attacks, and 762 deaths; Trapani, from the 19th to the 27th, 17 attacks, and 13 deaths; Catania, from the 23d to the 28th, 107 attacks, and 55 deaths. For the week ending July 4th, for the provinces of Catania, Caltanisetta, Girgenti and Trapani, the attacks were 2383, and the deaths 1421. Palermo and Messina enjoy perfect health, and both have established cordons against infected districts.

The U. S. steamer Resaca has arrived at San Francisco with sixteen cases of yellow fever on board. On the voyage she had 68 cases and 18 deaths.

Yellow fever is pronounced epidemic in Galveston, and one or two other places in Texas. Among the deaths at Galveston, we notice the name of Dr. Taylor, Medical Director. In New Orleans there were nine deaths from yellow fever, and eight from cholera, last week.

The mortality of this city last week was 380, being an increase of 19 over the previous week, and 124 less than during the corresponding week of 1866. In New York the deaths were 592, a decrease of 85 from the report of the previous week.

### "HOSPITALS" NOT "ASYLUMS."

For many years past, superintendents of institutions for the insane in this country have favored the application of the term "hospital" instead of "asylum" to such institutions. They also recommend the disuse of the term "lunatic," as applied to an insane person,—so that instead of "lunatic asylums," "hospitals for the insane" are spoken of in all their documents, except where a corporate name by which an institution is known compels them to adhere to the old nomenclature. Dr. Kirkbride, Superintendent of the Pennsylvania Hospital for the Insane in this city, has had great influence in bringing about this salutary change.

The change has sound philosophy to recommend it. The improvement in the treatment of the insane within the past few years, demanded a nomenclature in accordance with the new ideas. Insanity, it is held, is a disease, subject to treatment like any other disease, and not an infliction, or a crime to condemn the unfortunate individual to be immured or punished by confinement within the walls of an "asylum."

Hence, they very properly term the institutions where the insane are treated, "hospitals."

The *Ledger* of this city suggests that the idea might be carried still further, and the word "insanity" dispensed with, and these institutions called "Hospitals for the Treatment and Cure of Mental and Nervous Diseases." We make a note of this recommendation, and commend it to the attention of our readers.

# Notes and Comments.

### Prizes.

The Rhode Island Medical Society has recently announced as the subject for the Fiske prize of five hundred dollars: "*The Lesson of the Late War. In what has the Science of Medicine thereby been advanced?*" The essays must be sent with a sealed envelope, containing the name of the author, to Dr. S. A. Arnold, Providence, R. I., before the 1st of next May.

The Medical Committee on the Boylston Prize of Harvard University met on the 5th of June, but decided that none of the essays offered merited the prize. We hope they were not too severe in their criticism. For 1868 the following questions were proposed:

1. *The Physical and Mental Influences of the United States and Canada upon Immigrant European Races.*

2. *Question of the Contagiousness of Asiatic Cholera in the United States.*

The author of the best dissertation on either of these subjects will be entitled to a premium of *one hundred dollars.*

Dissertations must be transmitted, postpaid, to John Jeffries, M. D., *on or before the first Wednesday in April*, 1868.

The following questions are proposed for 1869:

1. *Food in Disease, Acute and Chronic. Its Variety, Advantages, Dangers, and Relation to Appetite.*

2. *The Surgical Treatment of Hemorrhoids; and the Surgical Treatment of Fistula in Ano, with its Result.*

These Dissertations are due before the first Wednesday in April, 1869.

The author of the best dissertation, considered worthy of a prize, on either of the subjects proposed for 1869, will be entitled to a premium of *one hundred and fifty dollars.*

Competitors must observe the same rules in reference to sending their names in a sealed envelope, as in the Fiske prize. We doubt not that some of our studious young physicians, who have more time than patients on their hands, will relieve the Committee from making such a report next year as it has this. Rejected essays may in both instances be obtained within a reasonable time after the decision, so the authors need not lose their work, if they do the honor.

Another prize is offered by the Paris Hospital Medical Society. It is of 2,000 francs, and the question is: "*Examine and Demonstrate to what point Tubercular Meningitis may be cured or prevented, and what are the most fitting means for the attainment of the results.*" The essays must be in French, and addressed to M. le Dr. Lailler, Secretary, 22 Rue Caumortin, before April 1, 1870.

### Medical Department of Washington University, Baltimore.

This institution has recently been organized with an able faculty, most of them having formerly been associated with other medical colleges in different parts of the country. It is a singular fact that a number of the most prominent physicians, from different portions of the South have, since the close of the rebellion, settled in Baltimore. Several of these gentleman have associated themselves in forming the Medical Department of the Washington University in that city, and they offer excellent advantages to those desirous of pursuing their medical studies. It would have been the part of wisdom, we think, to have had a less evident looking to one section of the country for patronage. The more national our institutions are, the wider the field they have to cultivate. There is every indication that the people of our widely extended country will grow more and more homogeneous. Sectional announcements will then be at a discount, and it is not wise to do anything now that may be an embarrassment in the future.

### Criminal Abortion.

Dr. Van Valzah, of Boalsburg, Pa., writes in a business note: "Whilst practicing in the Western part of the state, I was called to as many cases of abortion, as of natural labor. The cases I knew to be provoked, and among women altogether from the eastern States.

"Since living here I have had a much larger obstetric practice, and have had but three or four abortions, and they I think unprovoked. Now why the difference? Can it be possible that the people of the eastern States, *with all their intelligence*, are so much more guilty in this respect?"

Erratum. In No. 543, the retail price of Hartshorne's essentials of medicine, should have been given as $2.38, and $2.63, instead of $3.00 and $3.25.

# Correspondence.

## FOREIGN.

### Letter erom London.

London, England, July 17, 1867.

Editors Med. and Surg. Reporter:

So much has crowded upon my mind, in London, that I do not feel competent to state correctly, what, that is *new and profitable*, here, is most deserving of attention, I will, however, state a few facts that may interest your readers, and possibly be a benefit to some of them.

#### Œsophagotomy.

I saw an interesting case in Guy's Hospital, a few days since, in which œsophagotomy was resorted to, by Dr. Cock, for the purpose of removing a plate, with prongs, and I believe one or two teeth, from the œsophagus. It was large and could not have been removed in any other manner. It is the second operation by the Dr. of the same character, and for a similar cause. He showed me both plates. A singular circumstance connected with the last operation was, that the plate, though large, could not be felt, till the œsophagus was laid open. The case was doing well when I saw it; and I believe the first one recovered rapidly.

#### Extension in Fractures.

I am surprised and pleased to find Dr. Swinburne's mode of extension, by a pully and weight at the foot of the bed, coming into use in several of the London Hospitals. Some of them, however, use the perineal band for counter extension, attached to the head of the bed; while others raise the foot of the bed, to create, by the gravity of the body, counter-extension. And I may add that those who have put this method, which is called here the *American*, into practice, express to me great satisfaction at the results obtained. Others, here, that have not yet tried this method of extension in fractures, have expressed to me their determination to do so; saying that it commends itself to common sense at least.

#### Nourishment in Disease.

I am happy to find that the first physicians I have met thus far, advocate and practice *nourishing* their patients in all cases; and especially in fevers. And what has made this still more satisfactory to me, is the fact, that *milk* is generally recognized, among physicians here, as the very best form of nourishment for the sick, a position that I have maintained, in America, for years, as is well known. And, precisely in accordance with my observation in America, *egg*, either raw or poached, and beef tea, appear to be held next in estimation; to be alternated and varied, of course, according to circumstances; *toast* coming in, as convalescence becomes established. And *gruel*, that I have always discarded, I never hear ordered in any case.

#### Expectant Treatment.

I stated in my last that the *expectant treatment* is the popular one in all the British Hospitals I have visited, thus far, including those of Glasgow, Edinburgh, and London. It may be proper for me to state, however, that there are some physicians of high standing here, who think they are relying too much upon this course, in the treatment of diseases generally, and especially in inflammatory cases. And I cannot disagree with this opinion, especially after seeing so many cases of hydrothorax following pleuritis. I believe with these medical gentlemen, whose names I need not mention, that a proper discrimination between *active* and *passive* cases of inflammatory disease, should always be made, and the treatment varied accordingly. The *medium course*, being the furthest from either extreme, appears to me, really, as the rational one to be pursued in all cases of disease, taking care, of course, to bring to bear everything of a hygienic character that may act remedially.

#### Laryngoscopy.

The laryngoscope is being introduced here as in America; and as I think, with very considerable benefit. It is in use in the Royal Infirmary of Edinburgh; and Dr. Johnson in the King's College Hospital, of this city, is doing a good work with it. I should think he is doing the most in that line in London. Sir Duncan Gibb, of the Westminster Hospital, is also availing himself of its benefits. Both these gentlemen, I need not say, are of high standing here and have treated me—as, in fact, has every other one of standing, thus far—with the greatest politeness and kindness, offering me every facility for observation I could ask. And in turn requiring of me, some of them, a statement of our improvements and methods of treating disease; often asking my opinion of cases, and saying, that though I have come to learn of them, they are anxious to get what they can from Americans. And I have noticed that those who have taken

this course in Glasgow, Edinburgh, and London, are the medical men that deservedly stand highest, both at home and abroad; showing very conclusively, that no wise man, however much he may know, is yet too wise to learn. In fact, such has been the treatment I have received from all quarters, thus far, that I have not felt at all that I am from home, a cordiality I had hardly expected.

**Fracture of the Patella.**

Dr. Ure, of Bartholomew's Hospital, showed me a case of fracture of the patella treated merely by letting the limb rest on a pillow, in the most comfortable position possible. He also stated to me that the last twelve cases of the kind, in that hospital, had received no other treatment; and that the results had been as satisfactory as from any other treatment. I need not say that Bartholomew's is one of the first hospitals in London, and in my opinion the very first, taking every thing into account. I do not, however, feel competent to make any comments on this mode of treatment; except that the case I saw appeared to be doing well, the patient of course being relieved from the inconvenience of the ordinary applications.

**National Hospital for Paralytics and Epileptics.**

In the National Hospital for Paralytics and *Epileptics*, I was gratified to learn from Dr. Radcliffe, a medical gentleman of high standing in London, that the best success with *epileptics* after correcting, as far as possible, the general condition of the patients, has been from the administration of the *bromide of potassium*, about fifteen grains three times a day, dissolved in at least an ounce of water. *Paralytic* cases are treated on general principles, very much as with us. Much attention, however, is paid to exercise of the paralyzed parts. I go on to Paris to-day, from which point you may hear from me again.

E. R. Maxson, M. D.

## DOMESTIC.

### Ophthalmia Caused by Hair-dye.

Editors Medical and Surgical Reporter:

A few years ago I had in two families some cases of ophthalmia, of which at first I could not discover the cause, and which also resisted all my efforts. I finally found that they originated in the use of a hair-dye, and by discontinuing its use the ophthalmia soon disappeared. The dye in question is made in Melrose, Mass., and called "Jelee's hair-life," guaranteed "not to be a dye, but acting on the roots, restoring them to their natural healthy state, preventing the hair from falling out, promoting luxuriant growths, and restoring gray hair to its original color," etc. etc.

Is not the impudence almost beyond belief, when I state that by chemical analysis I find this so-called "hair-life" to be the common compound of most other hair dyes, namely, chiefly a lead solution, with some sulphur, lime, etc.?

By continued use, it may produce besides ophthalmia, in susceptible individuals, also chronic lead poisoning, which surely has been another source of perplexity, and perhaps profit, to some physicians in localities where this "hair-life" has a great reputation.

P. H. Van der Weyde, M. D.

*Philadelphia, July* 20, 1867.

## News and Miscellany.

—— The Mott Memorial Free Medical Library, located at No. 58, Madison-ave., has been elegantly refitted during the last two months, and is again thrown open for the benefit of medical men, lawyers, and students. The library now contains over 3,000 volumes. Embraced in this is the entire medical library of the late Prof. Mott, with about 800 volumes contributed by Prof. A. B. Mott, and other well-known persons.

—— One of the growing articles of Australian commerce is leeches. They are principally collected in or near the Murray river, and sometimes as many as 250,000, are shipped on a single steamer. The market is in England. How they compare with the Swedish and Hungarian leeches we are not advised.

[*Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.*]

### MARRIED.

Allen—Gross.—On the 23d of July, 1866, by Rev. J. Walker Jackson, Dr. John C. Allen and Miss Annie M. Gross, all of this city.

Brown—White.—In Skowhegan, Me., July 17th, by Rev. N. J. Wheeler, Dr. Llewellyn Brown, of Norridgewock, and Sarah A. White, daughter of the late Judge White, of Skowhegan.

### DIED.

Estill.—In Lexington, Va., on the 23d of July, Dr. H. M. Estil.

Morton.—In this city, on the 1st inst., Charles Lawrence, son of Dr. C. J. and Annie E. C. Morton, aged 17 months and 6 days.

Smith.—Suddenly, at Harlem, N. Y. July 30, Carrie, infant daughter of Dr. T. Franklin and Emma L. Smith, aged 10 months.

Uhler.—At Manayunk, July 30, D. Siner Uhler, infant son of Dr. H. N. and Maggie H. Uhler.

### OBITUARY.

M. Jean Civiale, the celebrated French surgeon, died recently, in the 71st year of his age. Throughout his career, he had devoted his chief attention to the urinary organs, and especially to calculus. The Institute awarded him two prizes for his discoveries in lithotrity, one of $1200, in 1826, and one of $2000 the year following. To

him, indeed, the operation is due, though others long and bitterly contested the credit. He published a number of works on calculus, gravel, and stricture of the urethra, many of which were translated. Various learned societies, the Institute, the Academy of Medicine, the Academy of Sciences, and others, elected him as a member. His death was sudden.

## ANSWERS TO CORRESPONDENTS.

*Dr. G. M. P.*—Your remittance came to hand on the 17th July.

*Dr. G. B. F., Md.*—Bedford's Obstetrics cost $5.50.

*Dr. E. H. S.*—The ear specula were sent to you by mail, June 20th. Write again if they do not come to hand.

*Dr. H. W. A.*—Your order was forwarded on the 1st to Dr. Banning, with request to send you the brace at once.

*Dr. P. E. B.*—A subscriber to the Reporter will be entitled to the Compendium by a payment of $2.00 additional.

*Dr. R. M. C.*—The money was received, and you are credited with two years subscription.

*Dr. S. H. B.*—"Is it proper to give morphia in the first stage of labor?" We think it is in very many cases. It is indicated by nervous irritation, bodily fatigue, a protracted first stage, unexplainable by mechanical obstruction, and especially by the appearance of false pains, etc. It is a common practice among the best physicians.

*Dr. J. J. K.*—"What steps will be necessary to have our County Society represented in the State Convention?" County Societies are allowed one delegate to the American Medical Association for every ten members in practice, and one to the State Medical Society for every five in practice. They are elected at the annual meeting, and their credentials are notices to that effect served upon them by the Recording Secretary of their Society. The Reporter will be glad of any items of general interest from your meetings.

*Dr. J. E. Parker, Ohio.*—You have written to us to change your address without informing us where your last P. O. was. Where was it?

*Dr. M. de F.*—"Dear Sir,—In cutting the tendo-Achillis in the operation for club foot, is there much permanent weakness or disability resulting?

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## METEOROLOGY.

| July, | 22, | 23, | 24, | 25, | 26, | 27, | 28, |
|---|---|---|---|---|---|---|---|
| Wind..... | N. | N. | S. W. | S. W. | S. W. | N. E. | N. W. |
| Weather.... | Clear. | Clear. | Clear. | Clear. | Cl'dy. Sh'r. | C'dy. Rain. | Clear. Sh'r. t. & l. |
| Depth Rain.. | | | | | | 7-10 | |
| *Thermometer.* | | | | | | | |
| Minimum..... | 62° | 63° | 65° | 70° | 72° | 75° | 76° |
| At 8, A. M..... | 73 | 73 | 76 | 78 | 75 | 79 | 80 |
| At 12, M..... | 78 | 82 | 86 | 88 | 78 | 82 | 88 |
| At 3, P. M..... | 81 | 83 | 87 | 89 | 82 | 79 | 90 |
| Mean..... | 73.50 | 75.25 | 78.50 | 81.25 | 76.75 | 78.75 | 83.50 |
| *Barometer.* | | | | | | | |
| At 12, M..... | 29.8 | 30. | 30. | 30. | 30. | 30.1 | 30.1 |

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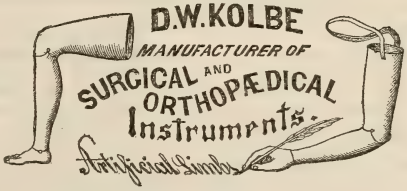


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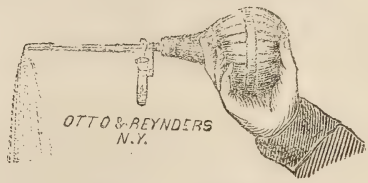


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THE

# MEDICAL AND SURGICAL REPORTER.

No. 546.] PHILADELPHIA, AUGUST 17, 1867. [Vol. XVII.—No. 7.

## Original Department.

## Lectures.

### A LECTURE ON ACUTE BRONCHITIS.

By Prof. A. P. Dutcher, M. D.,
Of Cleveland, Ohio.

#### I. Causes of Acute Bronchitis.

Like other portions of the breathing apparatus, the bronchia is subject to acute and chronic inflammation. In our climate, both forms of the disease are very common. The essential feature of the disease consists in an inflammation of the bronchial tubes, and is commonly produced by cold and moisture, applied generally or locally, as by means of damp clothing, or exposure to a cold, moist, variable atmosphere, especially, after the body has been overheated by exercise or crowded rooms.

The acute form of bronchitis is frequently induced by direct and local irritation, such as the inhalation of metallic dust and gases. The accidental inhalation of chlorine gas will sometimes cause the most severe bronchitis. Dr. Charles T. Jackson, the distinguished chemist of Boston, nearly lost his life on one occasion by an attack of acute bronchitis, caused by the sudden inhalation of chlorine gas. Ipecac. in powder, when inhaled by some individuals, will cause bronchitis. The dust of newly cut hay, and the pollen of the *rag weed*, in some persons will produce the same effect.

The flowering of roses, in some persons, will spoil the month of June. Indeed I am acquainted with a celebrated physician, who for years, has been unable to attend to his business during this month, in consequence of severe bronchitis, produced by the inhalation of dust, exhaled from the foliage of growing plants and trees. I have for several years prescribed for a gentleman, who has bronchitis every season, when the *smart weed* is in bloom. One summer he escaped it by going to sea. Hooping cough is no doubt a certain form of bronchitis, induced by a specific morbid poison directly on the bronchial mucous membrane.

A very severe form of bronchitis often accompanies some of the eruptive fevers, measles, scarlatina, and small-pox, constituting a most dangerous and sometimes fatal complication. In measles, the recession of eruption is frequently followed by a great increase in the bronchial disorder, which is announced by the great increase of cough, and sudden oppressive dyspnœa. From the suddenness of the production and disappearance of the latter symptoms, which is occasionally observed in the cases, it has been suggested, that it is possible they may be rather congestive, than inflammatory, although if the congestion continue, bronchitis is the final result.

There are also many chronic diseases which may be said to favor the development of acute bronchitis, these are Bright's disease of the kidneys, and diseases of the heart and lungs. It often occurs during the progress of pulmonary tuberculosis, and sometimes proves very fatal to the patient.

#### II. General Symptoms, and Physical signs of Acute Bronchitis.

The general symptoms of acute bronchitis are such as attend other inflammatory attacks of the breathing apparatus, although commonly not so severe as when the pleura or pulmonary tissue are affected. The patient is first taken with rigors, which is soon succeeded by fever, thirst, headache, pain in the back and limbs; scanty urine; white tongue, with red edges; quick and hard pulse; hurried respiration, often accompanied with a feeling of great dyspnœa, and a hard severe cough, with a tenacious mucous expectoration, which are increased in severity on the least exertion.

There is usually pain in the chest, mostly referred to the sternum, but is not so sharp as that of pleuritis. At first the expectoration is either absent or very scanty; as the disease progresses it becomes more copious, glairy or frothy, and sometimes streaked with blood, and its expulsion gives very little relief to the cough and dyspnœa. Under the microscope it presents mucus corpuscles, pus cells, and epithelium in abundance. As a general thing the expectora-

tion is increased in quantity in the evening, when there is usually an aggravation of all the symptoms, more especially the cough, dyspnœa and fever.

If, at this stage of the disorder, relief be not obtained by prompt remedial measures, there speedily come on feelings of great depression; the pulse is weak, as well as very small, frequent, and sometimes very irregular; the functions of the brain are impaired or disturbed; the muscular strength is much reduced; the countenance becomes anxious, or partially livid, according to the quantity of blood in the system; profuse perspiration appears upon the body; the urinary excretion becomes very scanty; the tongue loaded with a brown fur; the thirst very intense; cold extremities; the vital powers fail, and the patient falls a victim to the malady.

In favorable cases, the disease commences to decline between the fifth and eighth day; the dyspnœa is diminished, and is confined mostly to the evening, when there is always a marked tendency to exacerbation; the sputum is opaque, and less glutinous and frothy, and on being expectorated, gives more relief to the cough, and dyspnœa. The respiration becomes less frequent, the countenance improves, and resumes its proper color; the pulse falls to its natural standard; and the patient soon becomes convalesent.

The physical signs in uncomplicated bronchitis are very marked, and need not be mistaken by any one. In the first stage we have extensive *sonorous rhonchi* on one side of the chest, and not unfrequently on both sides. When the disease is fully established, the rhonchi become *mucous* and *sub-mucous*, reaching to the inferior portion of the lungs, with a weakened respiratory murmur, announcing the presence of inflammation, even in the small tubes; but the clear sound on percussion declares the vesicular structure still free.

The *sonorous rhonchus* is produced by the thickening of the mucous membrane of the larger portion of the bronchial tubes, which contracts their calibre, and thus impedes the free passage of the air. The sub-mucous, or more properly the *sibilant rhonchus*, is caused by the same physical condition as the sonorous, but differs from it on account of the small calibre of the tubes in which it occurs. After the bronchial inflammation has attained its climax, glairy mucus is frequently secreted in large quantities, and being mixed with bubbles of air that pass through it in respiration, gives rise to the *mucous rhonchus*.

### III. Anatomical Pathology of Acute Bronchitis.

So far as we are acquainted with the pathology of this disease, the chief lesion is confined to the mucous membrane, and not to the subjacent tissue, and is found to consist mostly in injection, thickening and induration of the membrane. When the attack has been mild, there is commonly found a circumscribed redness, in some portion of the membrane, especially at the termination of the trachea, and the first division of the bronchia; but in the termination of the latter, which are rather serous than mucous, this appearance is seldom met with, according to Rokitansky; see his "Manual of Pathological Anatomy," vol. iv, p. 21, Syd. Soc. Ed.

When the inflammatory action has been more severe, the redness extends to a greater number of tubes, and the superior tubes appear to suffer the most. The fine injection on which the redness chiefly depends, seems to exist both in the mucous membrane and in the sub-mucous cellular tissue. Sometimes the redness diminishes progressively from the larger bronchia toward the small ones; at other times the reverse is met with. This is especially the case, where the bronchitis is secondary to pneumonia or tubercular disease of the lungs. I have met with many instances of this kind in phthisis, where the inflammation was confined exclusively to the smaller tubes, no redness nor any other abnormal appearance presenting itself in the large bronchia. Again the redness sometimes presents itself in circumscribed patches, similar to those met with in muco-enteritis, wherein apparently healthy portions of mucous membrane are found between them.

Induration and ulceration very rarely take place in this form of bronchitis, although they are by no means unfrequent in the chronic form of the disease. When ulceration is present it is commonly confined, almost exclusively, to those cases which have a specific character, such as bronchitis, complicatory measles or small-pox. In these cases the ulcers are at first confined to the mucous follicles, although they sometimes extend themselves until these acquire an irregular outline, involving the surrounding membranes. These ulcers are found principally in the larger tubes, where the follicles are well developed, and rarely extend to the minute ramification of the tubes.

When the chest of an individual is opened, who has died with acute bronchitis, the lungs do not in general collapse, the escape of air being prevented by the obstructions of the bronchia. These obstructions consist mostly of a quantity

of frothy liquid, similar to that expectorated before death. Sometimes this liquid is mixed with bloody serum; but this is not commonly found in the matter expectorated, and is no doubt exuded from the engorged blood vessels just after dissolution. Purulent matter is also occasionally seen in very acute cases, which have proved fatal within four or five days.

But it should be borne in mind that acute bronchitis sometimes proves fatal, without leaving any visible pathological lesions. The redness and thickness of the mucous membrane entirely disappearing after death, the same as the redness and swelling in the dermal structure, when the patient has succumbed to erysipelas. Nearly every physician of extensive experience has met with examples of this kind. I once saw a little babe die with general cutaneous erysipelas, and ten minutes after death, the redness and swelling of the skin had entirely disappeared. Its mother had perished a few days before, with puerperal fever.

### IV. Diagnosis of Acute Bronchitis.

This is commonly very easy; indeed, where it exists in its primary form, there is little danger of confounding it with any other disorder of the chest, excepting pneumonia; and even here there is no necessity for mistake, if due caution be exercised. The distinction between the two diseases is to be looked for partly in the expectoration, and then in the absence of the characteristic physical signs of pneumonia. In pneumonia we have the *rusty sputa*, which is rarely present in acute bronchitis. I have met with it a few times in cases of secondary bronchitis, where the disease was the result of valvular obstruction in the heart, and in some cases of Bright's disease of the kidney. I recently saw a gentleman afflicted with the latter disorder, suffering from a very alarming attack of acute bronchitis, whose expectoration was quite rusty.

The chief physical signs of pneumonia are dullness on percussion and crepitation. In acute bronchitis we have little or no dullness on percussion, and if crepitation is present, it is quite a different thing from what we meet with in pneumonia. In the latter disease it is of a much finer quality than in the first; and if only heard for a day or two, without dullness on percussion or rusty sputa, it may be considered as a pretty sure indication that the parenchyma is not involved in the inflammation. Sometimes, however, the two diseases exist together, and render the case more serious and the diagnosis more difficult. But it should be remembered, that notwithstanding the distinction, we attempt to make out in the physical signs of these two diseases, the physical condition of a congested lung with acute bronchitis, and of a lung in the first stage of pneumonia, are the same as regards the physical signs, and can be distinguished only by the different courses which they take, and which will depend on the degree of inflammatory tendency present, as indicated by the cough and fever. I think it may be stated as a general thing, that the constitutional symptoms are more severe in acute pneumonia than bronchitis; that while in the first the patient is so ill that he is obliged to keep his bed, in the latter he is still able to walk about his room, if not to get out of doors.

### V. Prognosis of Acute Bronchitis.

The prognosis of this disease is favorable, but not always so. In the aged and in young children it sometimes proves fatal. When it attacks aged people in feeble health, you should be very guarded in your prognosis. In this class of individuals it is more dangerous, because it is apt to terminate in pneumonia, which is a very fatal complication to persons in advanced life. In young children, the danger depends almost entirely on the same disposition to inflammation of the minute structure of the lungs. Aged people and children have too little vital power to sustain the combined shock of the two diseases. The lungs of the aged are also generally in a more or less emphysematous condition, and therefore, can ill afford any infringment on their functions.

It may, however, be stated as a general rule, that when the bronchitis is primary and partial, affecting a few bronchia only, and without much fever and dyspnœa, it will terminate favorably in a few days; and its disposition to pass off is indicated, as we have observed under the head of general symptoms, by the expectoration becoming opaque and more clotted, and gradually diminishing in quantity. This change is always first seen in the morning; the evening exacerbation often restoring the thin glairy character to the sputa, even in cases tending to convalescence.

Relapses are very common in this form of the disease, and are marked by the expectoration always assuming the character just stated, and by an increased hardness of the cough and fever. Sometimes it will be announced by prolonged and severe chills, when all the general symptoms will become more aggravated than in the first instance, and the case assume a more grave aspect. If the disease does not now prove fatal, it may pass into the chronic form, and terminate in permanent structural alterations in the bronchial tubes, which may ever afterward be a

source of serious embarrassment to the healthy performance of the functions of respiration.

In the more extensive attacks of disease, where the dyspnœa is very oppressive and constant, and particularly where the fever is high, and the patient is delirious in the beginning, the prognosis must be somewhat doubtful. If the acute symptoms have already yielded to the state of collapse, it may well be feared whether the vital powers of the system will be sufficient to repair the damage which the disease has inflicted upon the suffering structures. The extreme anxiety of the pallid countenance, with the more or less lividity of the lips, of the face and hands, with coldness of the surface, and a rapid fluttering or thready pulse, announce the suffocating effects of this stage of the disease; and the universal mucous rhonchus becoming coarser and more gurggling as the expectoration fails, with little or no respiratory murmur heard on applying the ear to the chest, give direct evidence of impending dissolution.

### VI. Treatment of Acute Bronchitis in Children.

The treatment of this disease must always be modified by the form of the disorder and the age of the patient. In the bronchitis of children, you will find emetics and mercurials useful in nearly every stage of the malady. Among the first class of remedies, ipecac. ranks the highest.

This may be given in the form of powder or syrup. When the fever is high, the patient should be placed in a warm bath, after which sufficient ipecac. may be given to produce vomiting, particularly if there is much mucus in the bronchial tubes. In most cases, however, it will be found more useful in smaller doses, combined with calomel and soda, administered according to the following formula:

| | | | |
|---|---|---|---|
| ℞. | Hydro. chlo. mite, | gr. vj. | |
| | Pulv. ipecac., | gr. iij. | |
| | Sodæ bi-carbonas, | gr. xxiv. | M. |

Div. in chart No. 6.

One of these powders may be given to a child two years old, every three hours until the bowels are freely moved. After which they may be given at longer intervals, and the calomel may be reduced to one-fourth of the quantity, or omitted altogether. Sometimes after the bowels have been freely moved, I substitute the following, with the most happy effect:

| | | | |
|---|---|---|---|
| ℞. | Syrup. ipecac., | f.ʒss. | |
| | Tinct. digitalis, | f.ʒss. | |
| | Sp. æth. nit., | f.ʒiss. | |
| | Tinct. opii camph., | f.ʒij. | |
| | Syrup. simplic, | f.ʒj. | M. |

Sig. A teaspoonful every four hours.

In cases which do not yield at once to the remedies just named, you should resort to counter-irritants to the chest. Dr. Chambers speaks very highly of the *mush jacket*, others recommend mustard poultices, but in very young children, I think you will find a liniment made according to the following, more useful.

| | | | |
|---|---|---|---|
| ℞. | Pulv. camphor, | f.ʒss. | |
| | Ol. terebinth., | f.ʒij. | |
| | Ol. olivæ, | f.ʒiij. | M. |

This may be applied to the breast by means of flannel thoroughly saturated with it, which should be covered with a piece of oil silk, and securely kept in place by a thin roller. In older children, where the disease has extended to the smaller bronchia, and appears to be obstinate in its character, you should blister by all means. I could relate scores of cases where the timely application of a blister has cut short the inflammation and saved the life of the little patient when every other means had failed. It is a severe remedy, it is true, and parents often object to its use, but this is no reason why it should be neglected, when the symptoms clearly point out the necessity of its employment.

In the management of children suffering under acute bronchitis, there is one thing which I wish to call your attention to, that should never be eglected. It is this; NEVER ALLOW YOUR PATIENT TO REMAIN TOO LONG IN ONE POSTURE. All of our best medical writers caution against this. Patients suffering with this disease are naturally inclined to lie upon the back. This posture causes the mucus to gravitate to the posterior and inferior portion, and accumulating in the small tubes, congestion in the air-cells is produced, and the ultimate result is lobular pneumonia. The child should not be allowed to lie in one position more than two hours. This may appear a small matter, but you will find by experience, that your success will not be very flattering, in treating the acute bronchitis of small children, if you neglect it.

### VII. Acute Bronchitis in Adults.

If the patient is robust, and the attack very acute, attended with a frequent and hard pulse, hot and dry skin, costive bowels, laborious breathing, and a troublesome dry cough, you should not hesitate a moment to take twelve or fifteen ounces of blood from the arm, the opinion of Todd, Bennet, Flint, and the whole school of modern innovators, to the contrary nothwithstanding. The speedy relief afforded to all the pressing symptoms will be an ample compensation for the loss of a few ounces of the vital fluid. If bleeding has no influence in curing the disease, the wonderful influence it has in mitigating the patient's

sufferings, places it far beyond every other known therapeutical agent.

After bleeding, if the skin remains hot and dry, the patient may be treated to the alcoholic fumigating bath, and one of the following powders given every four hours, until the bowels are freely moved.

℞. Podophyllin, gr. j.
Hyd. chlor. mit., ℈i.
Potassæ nit., ʒss.
Pulv. ipecac., gr. viij. M.

Ft. in chart No. 4.

If, after the bowels have been freely moved, the skin should remain hot and dry, the patient may again be subjected to the fumigating bath, and a teaspoonful of the following mixture administered every two hours, until free perspiration and expectoration are produced:

℞. Tinct. verat. viride, f.ʒss.
Syrup scillæ comp., f.ʒiij.
Spts. æth. nit., f.ʒss.
Ext. lobeliæ, fluid., f.ʒij.
Tinct. opii camph., f.ʒss. M.

If this should produce nausea and vomiting after a few doses, it will commonly prove very beneficial. After free expectoration has been produced, it may be given at longer intervals, or it may be superseded by the following:

℞. Tinct. sanguinariæ, f.ʒij.
Vin. ipecac., f.ʒj.
Morphiæ sulph., gr. ij.
Syrup. simplic, f.ʒj. M.

Sig. A teaspoonful every six hours.

To relieve cough and produce rest at night, do not neglect to give your patient eight or ten grains of Dover's powder early in the evening.

If the disease should still prove obstinate; if dyspnœa and cough still continue urgent, and the patient complains of great weight upon the chest, with a deep burning pain just under the sternum, you should immediately apply a blister just over the seat of the difficulty. It will almost invariably relieve all the pressing symptoms just named, cut the disease short, and secure to the patient a safe and speedy convalescence.

After the disease has passed its climax, very little medical treatment is demanded. If the cough should remain troublesome, and the expectoration scanty and tenacious, I am in the habit of prescribing the following:

℞. Ammoniæ bromidi,
Ammoniæ iodidi, āā ʒij.
Morphiæ sulph., gr. ij.
Syr. phellandrii aquatici comp., f.ʒviij. M.

Sig. Two drachms every six hours.

### VIII. Treatment of Acute Bronchitis in the Aged.

Vegetable emetics in small doses, and expectorants, especially those of a stimulating nature, are the most valuable remedies in this case; of all the vegetable expectorants, you will find the polygal senega the best in this disease, as it commonly prevails among aged people. The best method of extracting its virtues is by decoction. Two fluid ounces of the officinal preparation should be administered every four or six hours, according to the necessities of the case. If the patient is weak and debilitated, five grains of the carbonate of ammonia and two grains of quinia may be added to each dose. In addition to the above, your patient will frequently derive much benefit from a small glass of ale three or four times a day. It is a mild stimulant, expectorant, and anodyne, and is much to be preferred to wine or ardent spirits. In bad cases of acute bronchitis in the aged, never hesitate to blister. In mild cases you may use the camphorated liniment with turpentine, as a counter-irritant.

After the violence of the disease has passed, tonics and expectorants should be freely used. The following you will find a useful expectorant:

℞. Syrup. scillæ,
Syrup. senegæ,
Syrup. ipecac., āā f.ʒss.
Morphiæ sulph., gr. ij.
Syrup. simplic, f ʒiss. M.

Sig. A teaspoonful every six hours.

### IX. Treatment of Secondary Acute Bronchitis.

This is similar to that of the primary form, and consists in the use of antiphlogistics, expectorants, and diaphoretics; these may at all times be prescribed to meet the wants of each case. In measles, for example, the chief danger, both in the first stage and the eruption, is from acute bronchitis, the severity of which will guide us very much in the use of active antiphlogistics. About fifteen years since, the measles prevailed very extensively in my practice, and secondary bronchitis was very common. Bleeding was the only remedy that appeared to be attended with any special benefit. Every adult patient that was bled freely, speedily recovered, while those who were not, lingered for some time, and some few of them never recovered. Ten years later, the same disease prevailed in my practice, acute bronchitis was a frequent complication, but in this visitation bleeding was not attended with the same benefit. In some cases it appeared to be positively injurious. Hence you discover the necessity of regulating medical treatment to suit the form of disease, as we meet with it in different constitutions and epidemics.

# Communications.

## PULMONARY CONSUMPTION AND ELECTRICITY.

By Louis Elsberg, M.D.,

Lecturer on the Diseases of the Larynx and Throat in the University of New York.

Consumption being a disease both terrible and of frequent occurrence, in the treatment of which almost every conceivable remedial measure has at some time or another already been tried, and electricity being a mysterious and powerful agent, the therapeutical use of which, in almost every conceivable disease, has been commended by some one or another—it would be strange if the proposal to employ electricity in the treatment of consumption were novel. To show that its use can be based on rational grounds, (which is not usually done,) and how it should be applied is the object of this brief notice.

From the standpoint of the medical science of to-day, the question, "Is phthisis pulmonalis preventable?" and "Is it curable?" must both be answered in the affirmative, as positively and indubitably as the preventability and curability of any disease can be affirmed. Yet in spite of the invocation of medical art, thousands and thousands continue, year after year, to die from consumption. Indeed from one-sixth to one-eighth of the total mortality among us is caused by its ravages. Why is it that the achievements of practice have, so far, fallen behind the teachings of physiology and pathology? That it is due in great part to the theory of tubercle and infiltration of Lænnec—which, on account of his brilliant contributions to the knowledge of pulmonary disease, was received almost unquestionably by the medical world, and which is now, unfortunately, a portion, so to speak, of the flesh and blood of the mass of practising physicians—leading to the indiscriminate nomenclature of tuberculosis to designate pulmonary consumption, with all its erroneous, paralyzing, and injurious consequences, as to prophylaxis and treatment, is certain; but other causes coöperate.

It cannot be denied that a state of general debility precedes or accompanies consumption. This must arise from inadequate or vitiated nutrition, and undoubtedly calls for efforts on the part of the physician to raise the physical condition of the whole system to the highest possible vigor. Every organ must be made to attain the condition of utmost health and strength of which, under the circumstances, it is capable; and this does also apply to the organs of respiration.

The strength of an organ is manifest from the manner in which it reacts upon the application of its peculiar stimulus. When with average moderate quantities of the latter, it performs its functions normally, the organ is said to have normal strength; when it continues to do so with undue (*i. e.*, either very large or very small) quantities, it is very strong; when the effect of moderate quantities of its natural stimulus is to disorder the function, the organ is weak; and when very small quantities even are badly borne, it is very weak. Thus, eyes are strong when objects are distinctly seen at different distances and with a moderate amount of light; they are very strong when they can continue to perform their function with impunity with very much or very little light; they are weak when moderate quantities of light disorder vision; and when an even slight quantity of light is painful to the eyes, they are extremely weak. Thus also of the lungs and other organs.

The strength of all our organs is preserved by proper exercise; they are weakened by insufficient, and exhausted by excessive exercise. The two conditions, weakness and exhaustion, are often confounded, because the extremes meet in their effects. A weakened organ is strengthened by appropriate exercise, *i. e.*, by subjecting it methodically to suitable proportions of its natural stimulus.

In cases of threatened or incipient consumption, the respiratory organs are weakened, and we have (to use the language of Dr. Ives, in his recent address to the Connecticut Medical Society, published in its Transactions of 1866) "the following means by which to insure the health of the lungs and the body in general. First, bearing upon the lungs directly, deep methodical inspirations and the special development of the respiratory muscles; secondly, upon the lungs and the whole system conjointly—active muscular exercise, the free use of fresh air, a diet nutritious and digestible, and suitable care and protection of the skin." And in cases in which consumption has already made some progress, the same means still prove strengthening, preservative, and curative. We have beneficently been endowed with so large an amount of lung tissue, that, as my good old preceptor used to say, and I verily believe, two-thirds of it might be dispened with, and yet respiration be carried on, sustaining life. The progressiveness of disease and the irritation and drain upon the whole system, are, it is well known, the most fruitful

sources of interference with health and strength in consumption. Aside from the actually diseased or destroyed lung tissue, we have to do with portions of lung not yet involved in the specific process, but still already weakened, and to these we must bring strength, to enable them the better to perform their necessary function, and resist the destructive progress of the disease. And this is the cause of the great benefit derived from pulmonary and systemic gymnastics; it proves to the weak lung-portions and to the whole system *a gradual but persistent tonic.*

All conversant with the subject agree as to the *value*, though not as to the *modus operandi* of muscular gymnastics as an aid in the treatment of consumption, no matter, also, in how many other particulars as to pathology or therapeutics they may differ. Now there are various kinds of muscular gymnastics, according to the source whence the contraction or action upon the muscle is derived. Thus, use has been made of *volitionary gymnastics*, viz., muscular contractions produced by movements dependent on the will, such as walking, movement of the arms, voluntary deep inspiration, etc. There are also instances of *chemico-vital* and *physico-vital* muscular gymnastics in the effects produced by certain drugs upon muscular fibre, such as astringents, ergot, and many emetics and purgatives upon the muscular fibres of the stomach and bowels, etc. Then there is what has been termed *moral* or *emotional gymnastics*, by which the heart and the circulating systems are mainly affected. Again, we have *mechanico-passive gymnastics*, including principally muscular action in one person directly produced by another; and finally, the muscular contraction produced by the imponderable agents, heat, light, magnetism, and electricity.

To the subject of *electrical gymnastics* I want to direct the especial attention of the profession. It is one of the most certain and constant sources of muscular contractions for medical purposes. In consumption, it was first methodically introduced by Dr. Bastings, of Brussels, who justly claims for it the following advantages:

1. It can be applied directly to any special muscle or set of muscles which the physician desires to bring under its influence.

2. It can be carried out daily, at all hours and seasons.

3. It does not fatigue or exhaust the patient.

4. It can be employed at all ages and in every condition of debility.

5. It can be applied in the patient's house, in bed, etc.

6. Even when absolute rest is requisite, such as in pulmonary hemorrhage, it may be employed.

7. The injurious influences of the weather and other inconveniences inseparable from other kinds of exercise or muscular gymnastics are avoided.

8. It acts more powerfully and in less time than any other gymnastics.

Applied to the respiratory muscles, it does not increase the pulse. Very small doses suffice, once or twice a day, for five or ten minutes each time. *No painful contractions must be produced.* The current is made to go in the direction of the nerve of the muscle toward its ramifications, *i. e.*, the positive pole is applied where the nerve enters the muscular tissue, and the negative pole is moved about over the whole extent of the organ. Thus the positive electrode is applied on both sides of the spinal column from above downward, while the negative one touches the body and peripheral terminations of the corresponding muscles. In the neck, where a still weaker current should be used than elsewhere, the positive electrode is placed above, the negative below. In the case of the muscles of the chest, the positive electrode is applied near their origin on the humerus, and the negative moved over their whole extent to their insertion at the ribs. The intercostals are electrized by applying the positive electrode along the lower edge of the upper rib, and the negative along the upper edge of the lower rib. In the case of the arm, we must always begin at the deltoid and go toward the hand, and so of other muscles.

Thus applying electricity to the respiratory muscles, produces involuntary and not at all fatiguing deep inspirations; the muscles of the chest are found therefrom to increase in size and power, the cavity enlarges and more air is drawn into the lungs, a more complete oxydation of the blood takes place, a better blood is brought into the circulation, assimilation is improved, digestion stimulated, the appetite increased, and the whole system strengthened.

Applied to other muscles of the body, it takes the place and is a great improvement upon the *passive movement:* "rubbings, or ordinary friction; rollings of the muscles, effected by placing a limb between the hands and rubbing rapidly *across* the axis of the limb; patting the muscles with the palm of the hand, or still better, *hacking* rapidly over the muscles with the edge of the hand," upon which so much stress has been laid, and justly too, for preserving the correct balance between waste and renewal, "*tonicizing*" the tissues and increasing their power of resistance. If Dr. Tooker (on localized bodily movements,

*Chicago Medical Journal*, December, 1866), has seen "the quick fluttering pulse of hectic, calm down and become regular, and many distressing symptoms disappear temporarily, under an hour's judicious handling in this way [the passive movements, cited above], and permanent benefit follow, by persistence in the treatment," I can assure him that he can observe the same soothing, sedative, and tonic effect often from a few minutes' application of electricity.

I conclude with a further translation from Dr. Bastings' essay, "*De la phthisie pulmonaire:*" To be able to form a correct opinion of what is meant by electrization of muscles for the purpose of strengthening them, it must be understood that the idea is to lead an artificial current into the nerves of the muscles, to supplement, or serve as a substitute for or in addition to, the natural nerve-current when the latter is wanting or does not act with the required force. That in the brain is the source of an imponderable agent analogous to electricity, called '*nerve fluid*,' which is distributed throughout the whole body, following along its conductors, the nerves, and plays an active rôle in all the phenomena of life, is, though an hypothesis, most likely. When supplied to muscles this nerve-fluid causes their contraction, and eventually also an increase in their size and power, and in this respect, electricity is entirely analogous to nerve-fluid, for it also induces muscular contraction and increase in size and strength of a muscle.

Electricity acts upon muscles as a tonic; that is certain. When, therefore, from any cause the thoracic muscles are in a condition of atony, electricity appropriately applied, gives them power; they then act with greater energy. and more thoroughly perform their proper functions, viz., enlarge the thoracic cavity so that as much air can enter as the normal state of health requires. The due quantity of air having been taken into the lungs, aëration (decarbonization) of the blood takes place properly, the normalized blood brings to the whole organism a healthy strength, and thus prevents the final consequences of a shattered constitution.

Other diseases than consumption, when traceable to a weakened constitution, are cured by electricity, as cases of caries of bone, chlorosis, scrofulosis, costiveness, debility in consequence of severe acute maladies, such as typhus, pleuropneumonia, etc. (though the electricity should never be employed while fever, viz., reactionary symptoms last) and some cases of deformities.

It is not claimed that this electrical medication can make up again what has been already destroyed by bad blood, but it is claimed that it can prevent further destruction. It does not remove tubercles already present in the lungs, but prevents the formation or deposition of more tubercles, enabling the lung-portion remaining intact to continue the performance of the function of respiration sufficient for the wants of the system; and this certainly is an immense benefit.

It is obvious that electrical muscular exercise should be employed as soon as the first symptoms of an alteration are observed; then the evil is nipped in the bud, and the development of pulmonary consumption prevented. Employed afterward it prevents progress of the disease.

If by cure of consumption is meant the closing up of cavities, the elimination of tubercles, and the restoration of the lungs to their original condition, *there is* of course *no cure;* but for those who are content to call the disease cured if no further morbid symptoms occur, if the lung tissue left performs its function regularly, and the individual is enabled to follow in all respects his previous occupation,—a cure is possible by the employment of electrical gymnastics. So far it is safe to go, but no further. The cured consumptive may not breathe with the whole lung-power of a perfectly healthy man, but he breathes sufficiently for life, business, and comfort, adapting himself to the circumstances in which he happens to be placed. It is in this as in many other cases; thus, for instance, if a person suffering from caries of bone, is so low that a fatal termination is highly probable, and to save life the amputation of the affected limb is resorted to, the patient recovering thereafter his strength and health—that person is called *cured*, though as far as the limb is concerned, the individual is very far from being in the condition of a perfectly healthy person. Such are cases of cure with a defect.

I omit the relation of cases, and do not enter into minute details of any kind, as my design in this paper is only briefly to call the attention of the members of our society to the use of *electrical "passive movement" in consumption.* Their great advantages readily suggest themselves on but little examination and reflection, and every practical trial will certainly confirm all reasonable anticipation of benefits to be derived from them. I am preparing a complete essay on the pathology and treatment of pulmonary consumption, in which the subject will be taken up again, and considered at great length, and from all points of view.

## BROMIDE OF AMMONIUM IN CHOREA AND EPILEPSY.

By H. P. Ayres, M. D.,
Of Fort Wayne, Ind.

Perhaps I only add my testimony to that of many others, when I mention my success with the bromide of ammonium, in treating chorea and epilepsy. I have for many years relied upon some of the preparations of iron, notwithstanding I have used other drugs, in treating chorea. I have as a general thing, looked upon all such cases as very tedious, and often times doubtful in results. By almost universal consent among physicians, some of the preparations of iron have been considered a necessary part of the treatment; and while I yet have a great confidence in it, there are objections to its use, which are not found in the bromide of ammonium. The results from iron are very slow, and usually months are consumed in effecting a cure. Nearly all the preparations of iron are objectionable from the quantity necessary to be taken, and the lack of cleanliness, and neatness in the preparation.

True this objection is somewhat obviated by the various elixers of iron, but I am inclined to think iron in these diseases will be superseded by bromide of ammonium.

The advantages in the bromide of ammonium are—you obtain your results quicker; your medicine is neat and clean, and the doses much smaller.

*Case* 1st. A strong, heavy-limbed girl, aged ten years, was attacked with chorea, first in the hands and arms, gradually extending over the entire body, so that she ultimately became so helpless, as to be unable to walk, or even feed herself. After attending to the condition of the alimentary canal, and her general health, I put her on the use of iron, which she continued to use for four months, gradually getting better, until she had full control of herself.

She continued free from any symptom of disease for eight months, when it returned, from imprudence in eating largely of candies and rich pastry.

The iron was again resorted to with the same satisfactory results, yet with the same tediousness. An interval of several months again occurred, in which she was entirely well. Again the mother informed me of its return.

I now gave her bromide of ammonium, and in ten days found a decided improvement.

I had in this case the satisfaction of accomplishing in a short time, that which had with the iron, occupied months; and now have every confidence that the disease is permanently removed.

*Case* 2d. A slightly built girl, aged eleven years, black hair and eyes; usually healthy. Had been epileptic for six years; the attacks occurring every two weeks at first, but gradually becoming more frequent, until they occurred three and four times each week; sometimes the attacks were convulsive, at other times a stupor, with occasional twitching of the muscles of the arms, or one leg.

I treated her with a variety of medicines, but cannot say she was benefited by any.

She commenced the used of bromide of ammonium; the effect was soon apparent, not only in the severity of the paroxysms, but the interval became longer, until there was an entire cessation. She used the medicine six months, and is now entirely free from epilepsy.

*Case* 3d. A short, plump, curly-headed, sweet girl, aged eight years, was attacked with an involuntary snapping-shut of the eyelids, and contortions of the mouth. The disease gradually extended over the body. She commenced using the bromide of ammonium, and the effect was apparent in ten days. I gave her eight grains, morning and evening, increasing it to ten and twelve grains. The child had for several weeks been under the treatment of iron, and I think she would have recovered by using it, but the effects of the bromide of ammonium were sooner seen, and hence more satisfactory.

*Case* 4th. A large, tall, sandy-haired man, aged 46. He had been injured by an axe, the edge cutting through the frontal and parietal bones, about one inch above the superior edge of the temporal bone. The depression is three inches long, and at the centre of the wound, or deepest depression, near a half inch deep. From all external appearance, there is a sufficient depression of bone to materially affect the brain.

The injury was received seven years ago, from the hands of an infuriated man. Four years after the injury, he had attacks of insensibility, occurring three or four weeks apart and lasting four or five minutes. These attacks gradually became more frequent, occurring two or three times a week, and attended with some stertorous breathing, and motions of the limbs. After trying various remedies, he was placed under the influence of bromide of ammonium, and I was gratified to find the attacks further apart, and less severe. The last time I saw him he had escaped any paroxysm for six weeks, and only two slight ones in three months. As I have not heard from him for some months I presume he

continues to improve. I commenced with ℈j doses, and gradually increased the medicine until he took ʒij, morning and evening.

Soon after the commencement of the epileptic attacks, the mind suffered from them. He became melancholy and anxious. His nights were wakeful and disturbed; his mind is now cheerful and hopeful, his sleep is good and refreshing, and everything indicates returning health. I have used it in other cases, but those I have reported are sufficient to illustrate my view. Of all the cases, I look upon the last with the greatest interest, and shall continue to do so. It involves the questions,—how far with medicine can the functions of the brain be preserved, when subject to mechanical pressure; or can we relieve epilepsy from such causes without an operation? If the functions of the brain can thus be relieved, may they not be established to some extent, where it has been dormant from birth, or been produced from known causes.

## "CHLOROFORM AND ERGOT IN OBSTETRIC PRACTICE."

Reply to Strictures of Dr. T. A. Reamy, published in "Reporter," April 6, 1867.

By Chas. C. Hildreth, M.D.,

Of Zanesville, Ohio.

[Concluded from p. 121.]

As Dr. Reamy has promised your readers a paper on the "Separation of membranes," I will beg leave to refer again to that subject. In my last paper I said, I had never read Dr. Inglis's article on that subject—I am now happy to say I have read it carefully. Those of your readers who wish to see what it contains, will find it in *Braithwaite*—Jan. 1866, page 221. Doctor R. thinks, "I will live long enough to change my views on this subject." I am now happy to say to him, *that I have changed them.*

Before I read the article, I had supposed there might *possibly* be some truth in it. I now think the theory the most ridiculously absurd ever originated by a man making any pretensions to science. The theory of Dr. Inglis is briefly as follows: That a dry labor is directly the result of adhesions between the membranes and uterus; that a rigid os uteri, depends usually upon these adhesions. That in a wet labor, (or one in which there is a fine secretion of mucous,) there are no adhesions to be found. That to convert a dry into a wet labor, and predispose the os to dilate easily, it is only necessary to separate the membranes around the cervix, with the finger, or other instrument.

Now the theory that a dry labor depends upon adhesions between the uterus and membranes, is a most transparent absurdity; for the simple reason that a dry labor can at any time, in twenty minutes, be converted into a wet one, with a fine secretion of mucous, by the use of chloroform alone; and this too, without touching the membranes.

In a tedious labor, we often have the dry and moist condition alternately. This change, may occur several times during the progress of such a labor. If Dr. Inglis' theory is correct, we will of course in such a case have the membranes *adhere*, and *separate*, just as often as the labor becomes wet or dry. A free secretion of mucous in labor, is merely one of nature's preparations to facilitate that process. It may be excited by a variety of causes. The presence of a foreign body within the cervix, invariably excites it. The sponge-tent, the bougie, elastic bag, uterine bolt, the finger, uterine injections, etc., all have this effect. A free secretion of mucus is often the result of mere *mental emotion*, as is often noticed in speculum examinations. How absurd then to attribute this result *always* to separation of membranes. Dr. Inglis tell us, we can get a free secretion of mucus, and muscular relaxation from the rectum, by allowing the bougie or finger to remain in that canal for some time, and that finally, we get expulsive action. By this illustration, he very innocently demolishes his own theory. For if the presence of the finger or bougie in the rectum, should so far stimulate or irritate the mucous membrane, as to excite a free secretion of mucus, why should not the same result follow the introduction of the same foreign bodies into the cervix and body of the womb; surfaces from which mucus is poured out still more easily and freely. If also, the presence of a foreign body in the rectum will excite after a time relaxation, and then expulsive action; why should not the uterus be excited by the same means, to relax and finally expel its contents? This, then, is the rational and sensible explanation of all the phenomena, which Dr. Inglis attributes to separation of membranes. The repeated introduction of the finger, or uterine bolt, (Hamilton's,) acts precisely like any other foreign body; producing irritation, increased nervous and vascular action, a free secretion of mucus, and after a time, dilatation, and regular expulsive pains. A bougie introduced between the membranes and uterus, will produce precisely the same result; yet, (if any existed,) how trifling must be the separation of membranes produced by its introduction. It is worthy of note, that to

produce the desired result in Dr. Inglis' hands, the finger or uterine bolt, requires *very frequent introduction;* usually every twelve hours, for two or three days. Now if the adhesions were the only obstacle in the way of dilatation, or prompt delivery, why would not *one free separation* of them by mechanical means produce as much effect as twenty similar operations? Simply because the fancied adhesions had nothing to do with the cause, nor result.

Mechanical irritation, by the introduction of foreign bodies, explains all the resulting phenomena, in a scientific and rational manner.

In the second place, I deny that any adhesions exist between the uterus and membranes, except at the commencement of gestation; or that such adhesions have been demonstrated by anatomists or physiologists. Dr. Inglis contends that *adhesion is the normal condition*, up to the "ripening of the ovum;" that the reason why the labors of primapara are generally tedious, is because the child is not usually carried to full term, and that labor commences *before the time arrives for natural separation to occur.* This doctrine is not sustained by anatomy nor physiology. In order to form an intelligent opinion on this subject, let us now inquire, how, and when are the membranes formed, and what are their natural attachments? Physiology teaches us that the human ovum, (like all other ova,) has a membranous investment, a sac within a sac, a germinal point or vesicle, albumen, yelk-ball, etc., microscopic in dimensions; that this ovum, when impregnated, if it does not escape into the cavity of the abdomen, or stop in the Fallopian tube, is received in the cavity of the uterus, which has already prepared a nidus, (called the decidua,) for its reception; that this ovum in passing out of the Fallopian tube reflects a part of the decidua from the uterine walls, and thus becomes somewhat fixed in position; that the ovum is here sustained, and grows by absorption of nutritive material from the decidua and maternal fluids; that the chorion, or external coat of the ovum, soon becomes invested with a shaggy or villous coat, which is also supposed to increase its endosmotic power; that the ovum thus continues to increase, and the uterus to expand, until the fœtal circulation is established. When the arteries of the funis pierce the chorion, and with the aid of its villi form the placental tufts, the maternal blood furnishes directly the material for the growth of the child. The fœtal heart now sends out the blood, which forms the placenta, which pours out the amniotic fluid, and which expands and enlarges the chorion and amnion. When the fœtal circulation is fairly established, when the maternal blood is received freely through the placenta, the decidual membranes and the villi of the chorion, having played their part in the uterine economy, disappear by absorption and the pressure of the expanding ovum. *This moment ends all direct adhesions between the uterus and membranes, except by the placenta,* for "the only part of the child which touches the mother, is the blood of the child." The chorion and amnion now fill the entire uterine cavity, except that part covered by the placenta, and the unexpanded cervix. They float loosely in that cavity, and do not touch the entire cervix, until near the close of gestation. How then can they adhere? As the uterus itself grows by the expansion of these membranes from within; is it probable that nature will interpose a serious obstacle to that expansion, by suffering adhesions to occur? The chorion and amnion, as before observed, are evidently but a part of the original ovum. The chorion is a serous membrane; the uterus is lined by a mucous membrane. Healthy mucous and serous membranes do not unite when brought in contact, but serous membranes unite readily. Hence, when the impregnated ovum is lost in the cavity of the abdomen, we may have union between the chorion and peritoneum; but when the ovum stops in the Fallopian tube, and expands there, we find no adhesions, because this tube is lined by a mucous membrane, continued from the uterus. Ovarian cysts, (which are probably only diseased and enlarged ova,) are covered by serous membrane, and frequently unite to the peritoneum, *as ovariotomists will most certainly testify.* When the uterus contains two, three, or more children, each enveloped in its separate bag of membranes, do we find these sacs all adherent to each other? We do not. Yet these sacs, being homogeneous, would be much more liable to unite, than would the mucous membrane of the uterus and the serous membrane of the chorion. This doctrine, that adhesion is the *normal condition* between the uterus and membranes, until "the ovum is ripe," is not anatomically correct, is not in accordance with physiological law, has no pathological facts upon which to base its truth, and is only supported by the pretended discovery *of a few observers, who have a theory to sustain.* I shall be prepared to believe it, *when I find nature uniformly violating her own laws.* In an extensive obstetrical practice of thirty-four years, I have never met with such adhesions, except in placental presentations, nor do I believe they can be proven to exist.

My friend, Dr. Reamy, endorses this theory and this practice. He also tells us that manual dilatation in a case of rigid os is very near akin to malpractice. Dr. Inglis informs us, however, that when manual dilatation is successful, he believes it is "chiefly owing to unintentional separation of the membranes," by the fingers, etc., thus showing how his judgment is biased by a false theory.

In conclusion, allow me to say, that the obstetrical practitioner who does not know that the repeated introduction of foreign bodies into the womb, will induce that organ to throw off its contents, with all the phenomena of natural labor, *whether membranes are separated or not*, is not quite the person to originate theories for sensible men to adopt.

# Hospital Reports.

Pennsylvania Hospital,
*March 6th*, 1867.

## Surgical Clinic of J. M. Da Costa, M. D.

Reported by Dr. Napheys.

### Intestinal Obstruction; Disease of the Intestine.

Dennis McC., æt. 38. He was admitted into the hospital, February 28th, with the history that he had suffered from dyspeptic symptoms, but not to a marked degree. In truth, after further examination, it was found that the amount of disturbance in the stomach had been very slight, but that he had had colicky pains throughout the winter, and that though he had commonly a daily passage, frequently that passage was hard and deficient in quantity. Nevertheless, his general health remained good, and he was able to do a good day's work. Before he was admitted into the hospital, he was seized with a great deal of pain in the abdomen, not referred to any particular region, with vomiting and prostration. He had a passage from the bowels, but small in quantity and very hard, on the morning of the day he was admitted. It was on account of the intense pain from which he was suffering in the abdomen, together with the insufficient passages from the bowel, that he sought admittance to the hospital.

On admission, he presented the symptoms of collapse, blue lips, cold extremities, and abdomen immensely distended. It was the last feature of the case which, more than anything else, attracted notice. There was tympanitic percussion resonance over the entire surface of the abdomen. Pain on pressure was marked, although not confined to any one portion of the surface, yet it seemed to be most distinct toward the epigastric region. He had been thoroughly frightened by his friends, who thought him in a dying condition, and was very much alarmed as to his own state. He was ordered an ounce of whisky, and an enema of oil of turpentine, which was followed by a discharge of a large amount of flatus, together with what appeared to be fæcal matter, but only a small amount came away from the injection. Then two ounces of castor-oil were given, and cloths wrung out in turpentine were applied over the abdomen. By these means he was much relieved, still very little came away except flatus. The urinary secretion was normal in quantity and quality.

On the first of this month his face was anxious, there was considerable swelling of the abdomen, with tenderness persisting; considerable and distinct swelling and hardness, with considerable tenderness in the region of the transverse colon and in the course of the ascending colon were noticed as the tympany was reduced. He remained very much in this condition from the first to the fourth, when the vomiting present during the first three days, being readily excited by a little water, but not strictly spontaneous, had almost disappeared.

The treatment consisted in the steady application to the abdomen of cloths soaked in warm water and some laudanum, and covered with oiled silk, and in large doses of castor-oil, one to two ounces daily, with large enemata containing turpentine, forced up by a rectal tube, which came away in about an hour, diminishing the flatus, and containing granules and flakes of fæcal matter. Up to yesterday, the case may then be summed up as one of violent pain and distension of the bowels, some tenderness on pressure, immense flatus, which is partially relieved by injections, dulness on percussion in the course of the transverse and ascending colon, treated steadily and perseveringly by stimulating purgatives, without, as yet, there being any large discharge from the bowel.

Yesterday the note was made of intense thirst and occasional vomiting after drinking; tongue clean and moist, passes water more freely than on admission, though not in excessive quantity; expression still somewhat anxious; had two small passages since yesterday, without enema immediately preceding them; abdomen presents less dulness on percussion and less resistance. Yesterday afternoon, the note of this morning states, he had a large evacuation of mushy consistence, probably containing a quantity of fæcal matter, and during last night, following an enema, he had another copious discharge, more fluid in character, owing of course to the water from the enema.

The treatment has been kept up in the same way, chiefly by castor-oil and fomentations. When he was first admitted, one or two grains of opium were administered to ease the great pain from which he was suffering.

To-day the man's abdomen is still considerably distended. On looking closely, this abdominal distension is observed to be of irregular character, the lower and upper portions are most bulging, whereas there seems to be a comparative depression in the centre, toward the umbilicus. When he breathes, the movements of breathing are more perceptible in the crease at the umbilicus than either above or below. There is a sound of fluid in the bowel near the ileo-cæcal valve and

along the ascending and descending colon. The belly is, on the whole, tympanitic. There is some percussion dulness still perceptible, particularly over the ascending colon. The transverse colon is comparatively resonant, excepting at the point where the transverse and ascending colon join, where you obtain also the peculiar squashy sound of fluid. There is still some soreness and resistance to the touch, even in the small bowel, and particularly toward the right side, where he has always located his trouble more. Tongue disposed to be dry, slightly coated at the back. Pulse 96. Good percussion resonance of the chest. Heart sounds normal.

What has been and what still is the matter with this man? The vomiting would call attention to gastric disturbance, but there is an absence of anything which points out the stomach as being the seat of the trouble. The vomiting is sympathetic. He has been laboring under intestinal obstruction. He has had his ascending and transverse colon, possibly even the smaller intestine near the ileo-cæcal valve, filled with fæcal matter. It has been a gradual case of obstruction in a man for a long time constipated. He had for a long time a passage every day, but with slight, colicky pains, clearly the result of abdominal distension, and finally the bowel became partially impacted. The mass which accumulated could not be voided, and by its pressure gave rise to faintness; if it had pressed upon the sympathetic ganglions, it is readily perceptible how collapse could be produced.

As a matter of clinical moment it is interesting to note that the man has never had an entire absence of fecal discharge. Even after he was admitted into the hospital what little came away contained a small amount of fecal matter. And, moreover, he had a passage, although a small one on the day before he came in. It must not therefore be supposed impossible that a man has intestinal obstruction, because he has a certain amount of fecal discharge, particularly if this be obtained by washing out the rectum with enemata.

This case also shows the necessity of perseverance in the treatment, before results can be accomplished. The real success of the treatment only came yesterday. The man has taken nearly a pint of castor oil, large warm water and turpentine enemata have been steadily thrown up with the rectal tube; yet, although there has always been a very slight fecal discharge, the remaining dulness showed it had not been complete, until yesterday, when a quart of fecal matter passed. There is yet probably a partial accumulation in the ascending colon, and in a modified manner the treatment will still be kept up.

The purgative which has been employed in this case, castor oil, is by far the best where there is intestinal obstruction of any form, particularly if it be dependent upon hardened fecal matter. It is better than the more active purges. During the first few days a little opium was added. This was because of the amount of the pain and tenderness, and the fear that the greatly distended bowel might lead to peritoneal inflammation. In truth, the junction of opium in moderate doses with castor oil, forms a valuable part of the treatment in cases of intestinal obstruction, the astringent effect of the opium not being sufficient to counteract the purgative influence of the oil, which acts partly mechanically by lubricating the wall and helping along the matter which has accumulated.

But perhaps the best treatment of any form of intestinal obstruction is by the persevering use of enemata. The physician must not however introduce a little syringe into the bowel, inject a pint, and rest satisfied that he has done all that can be done. A stomach tube, or one of similar character, should be passed up the bowel until only enough is left to insert the syringe in, and then the fluid should be pumped in by the quart, as much as the bowel will hold.

The intestinal obstruction in this case must have been by fecal matter. There were none of the signs of invagination of the bowel. But after all, merely a symptom has been treated. The fecal accumulation is not the only thing the matter with this man. Investigations will be instituted, and the cause why the bowels were thus obstructed ascertained if possible. As a matter of likelihood, it is probable that the man has had chronic inflammation of the coats of the large intestine, a state of things which often exist in laboring men, sometimes also in women who pay no attention to the calls of nature. This gradually leads to distension of the bowel, is attended with a want of tone, furnishing the the favoring elements to intestinal obstruction. Or there may be even increased inflammation with an abscess surrounding the colon; a view which the cachectic look of the patient renders not unlikely.

### Pathological Specimens. Purulent Cysts in the Heart.

This is a very curious specimen of diseased heart, an illustration of that very rare disease, or rather pathological state, described as purulent cysts in the heart. There is a cyst at the lower portion of the left ventricle, which when first taken out was filled with purulent fluid.

The heart was removed from a colored man, who died of malignant typhus, eight days after being admitted to the hospital. The post-mortem showed no mark of inflammation anywhere—merely a congested condition of the lungs and brain, a small amount of fluid in the pericardium and the yellow puriform fluid found in this cyst.

Cysts in the heart have given rise to more discussion than almost any other point in morbid anatomy. The appearance presented in this case, which undoubtedly looks like a cyst, is thought by some to be the result of phlebitis. Another view is, that it is the result of endocarditis, which it clearly is not, as this specimen shows, for there is not a particle of endocarditis at any portion of the heart. Then again, another view, to which Dr. Da Costa is inclined, is that the so called purulent cysts of the heart are nothing but fibrinous concretions, which from some cause have become adherent, and then a cyst-wall having formed around them, the fibrin has broken down into a puruloid fluid, for no microscopist has succeeded in finding true pus. The walls in

this case are simply the cyst around what has been a fibrinous concretion; they are adherent to the trabeculæ, but not to the columnæ carnæ, proper.

So far as the cases have been observed this state of things gives rise to no symptoms or signs by which it could be recognized during life. It may be readily seen how a case of any disease may die by the softened matter from such a cyst becoming mixed with the blood, and still further vitiating it, and probably death resulted in part in this case from that cause.

# Editorial Department.

## Reviews and Book Notices.

### NOTES ON BOOKS.

Not far from a quarter of a million emigrants land at New York annually. Their sick are cared for by the Commissioners of Emigration in the state hospital on Ward's island. Last year, including the infirm and helpless, more than ten thousand were there treated. Over one sixth of the cases in the medical wards were typhoid fever, and 291 were cholera. In spite of the unfavorable condition in which they often came from shipboard, the results were highly satisfactory, which must in part be attributed to the excellent hospital accommodations provided, and largely to the skill and devotion of the medical staff. The "Annual Report of the Commissioners of Emigration." (N. Y. 1867, p. 112,) contains these and many other interesting facts. The report of Dr. Geo. Ford, Chief Physician, Dr. J. M. Carnochan, Surgeon in Chief, and especially that of Dr. John Dwyer, Secretary to the Board, will claim the attention of medical statisticians.

The "Humboldt Medical Archives," is the name of a monthly medical journal proposed to see the light in St. Louis, Mo. under the editorial auspices of Drs. A. Hammer, and M. A. Pallen.

Perhaps most readers of the Reporter are aware that there is in London a medical publishing club known as the New Sydenham Society, but probably few are acquainted with the great merit and cheapness of its publications. Its prime object is to translate valuable foreign, and to republish scarce and meritorious British medical works. It commenced in 1859, and to illustrate the excellent judgment used in its selections, we need but mention among its volumes already issued, Diday on Infantile Syphilis; Frerichs on Diseases of the Liver; Bright on Abdominal Tumors; Casper's Forensic Medicine; Gooch on Diseases of Women; Kramer on Diseases of the Ear; the admirable essays of Schroeder van der Kolk on the Brain and Spinal Cord; a number of magnificent plates of skin diseases from Hebra's Atlas, and every year a summary of bibliography, etc., in a year book of the Progress of Medicine and Surgery. It is proposed to publish this year, a Biennial Retrospect of Medicine and Surgery; Griesinger on Mental Diseases; and Hebra on Diseases of the Skin, with plates of life size. What recommends this series especially is that they are not only well selected, but handsomely printed and cheap. In England the four annual volumes can be had for one guinea. In this country, the price of gold, duty, etc., make it $10.00. The Atlas of Skin Diseases is alone worth this sum. Those wishing to subscribe can transmit this amount to Dr. Richard J. Dunglison, 1116 Girard Street, Philadelphia, Honorary Local Secretary, who will see that the books are forwarded them as soon as issued.

**Transactions of the Medical Society of the State of New York, for the year 1866.** Albany, 1866. 1 vol., 8vo., cloth, pp. 420.

The first impression that every reader will gain on opening this volume, is one of disgust at its villainous paper and careless presswork. The leaves are spotted and speckled to a degree that stamps it at once as a "contract job." There is some satisfaction in being able to say, that if the reader will conquer the temptation that at first arises, to send it back straightway to the paper-mill, he will find in it several valuable articles. Of those of general interest, Dr. J. E. Steel contributes one on Embalming, not adding much to what we have on that subject, however; Dr. Squibb makes an Appeal for the Materia Medica in his usual sterling style; Dr. L. McKay speaks of the gingival margin as a proof of the want of iron in the blood; Prof. Stephen Rogers inquires into the various causes leading to the formation of fibrinous bronchial casts; Dr. John P. Gray narrates some instructive cases of incomplete progressive paralysis; Dr. W. T. Thoms draws from life a dreadful picture of the New York tenement-houses; Dr. C. A. Lee furnishes some valuable suggestions on the treatment of the insane poor; Dr. G. J. Fisher concludes from the previous volume his learned and thorough essay on Compound Human Monsters; and there are a number of lesser articles, on surgery, etc. The illustrations are numerous, though several of them are rough and blurred in the printing.

It would seem to be more appropriate to a State Medical Society to devote greater space than is given in this volume to the climatic changes, the epidemics, and the general statistics *of the State*, to represent it more distinctly as a unit, and to complete its medical history and description. The articles in this volume are mostly excellent, and the chief fault is that they do not seem local enough.

Medical and Surgical Reporter.

PHILADELPHIA, AUGUST 17, 1867.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

## ILLICIT INTERCOURSE and ITS FRUITS.

Of all the knotty problems with which social science has to grapple, beyond doubt the very knottiest is the control of the sexual instinct. Moreover it is a growing evil, daily made more desperate by a civilization which inclines men to defer marriage more and more, and which is constantly offering greater facilities to conceal the consequences of illegal intercourse. New and eccentric forms of vice are thought out or imported from corrupt European capitals to stimulate worn out debauchery, and the pages of MARTIAL paint no more shocking depravity than the physician almost daily learns in New York or Philadelphia.

Any suggestion that tends to lessen in any way this monstrous evil will be gladly received by all, and by none more heartily than the medical profession. An esteemed correspondent and practical philanthropist has written us on this subject, proposing that cohabitation, *ipso facto*, be decreed *prima facie* evidence of marriage, believing that thus the disgrace of bastardy would be removed from many children born out of wedlock, and a degrading match be held *in terrorem* over those who indulged unlawful desires.

"The prevailing ideas," he says, "respecting this subject of illegitimacy, are, it appears to me, quite erroneous, and a disgrace to the vaunted intelligence, Christianity, and civilization of the age. For there should be, as there is in reality, but a very small number of children who could be included in the class of illegitimate, and these only from the association of married men with single women or other men's wives; and single men with married women. All others should be legitimatized by legal enactments, recognizing the fact that *cohabitation and marriage go together*, the fact of sexual union being sufficient evidence of marital consent on the part of those thus indulging. This act of sexual conjugation being voluntary on the part of both male and female, and the essential element for procreation—the ultimate design of marriage—should be as conclusive of the marital union of men and women by the laws of man as they are by those of God. For, as generation occurs from sexual intercourse by the operation of the laws of life without regard to human ordinances regulating the marital relation, it is in reality the only natural and true marriage physically considered, and humanly should be so acknowledged."

That various objections arise at once to this scheme is no doubt the case. True that it meets but a limited number of cases, true that it might lead to still greater frequency in criminal abortion, that it touches not at all the crime of adultery, that it makes marriage no longer "honorable," but a penalty, and that it is but an appeal to fear only. Nevertheless if to any degree it will check or hem the abuse of the genetic instinct, let us give it our closest attention.

But after all, for our part, looking at the stringency and yet the impotency of the laws against adultery in certain countries, and against sodomy in others, considering the deliberate madness, let us call it, with which people will set about gratifying their passions in the face and with the full knowledge of the most appalling physical and social dangers, we own to serious doubts whether the plan which our correspondent proposes, or whether the risks of conception and the perils of criminal abortion, or whether any physical or legal terrors, no matter how terrific of aspect, will materially or at all diminish the evil. Its root lies deeper. Not by prohibition, not by fear, not by deprivation, but by instruction, by instilling self-respect and self-control, by sedulously cultivating the better elements of human nature, by aiming at a form of civilization less self-seeking than ours; in other words by a more intelligent adoption of the gospel of love (antiquated suggestion!) than now prevails, will alone strike at the foundation of the matter.

## ON THE REGISTRATION OF VITAL STATISTICS.

Though the value of statistics is becoming more and more appreciated by governments, our legislators are still a long way off from conceding them their just importance. To introduce in this country a complete system of registering births, marriages, and deaths, we must clearly show where the compensation is that meets the outlay in establishing it. Nor will any remote advantages, such as philosophers, as QUETELET, or historians like BUCKLE, draw from it, satisfy "the members from the country." They must see just what and where it will effect their own interest and that of their constituents, or else they will never vote a penny for a Bureau of Statistics.

These immediate advantages are of two kinds; they touch on *life* and on *property*. The latter is the more tangible. The validity of marriages, the ascertaining of parentage, the proof of death, these are all essential to the peaceful tenure and

transmission of property. No means are cheaper and better than compulsory registration to attain them. As for the physical health of the masses, all physicians know that it is only by a study of authentic records on a large scale, that we can arrive at a knowledge of the hygienic consequences of national habits, traits and customs; a knowledge indispensable to proper hygienic legislation, and to the acquisition of the highest physical and mental power in a community.

These points would bear expanding, and it is to be regretted, that in his otherwise very excellent "Essay on Medical and Vital Statistics," (to which the New York Medical Society assigned the Brinsmade prize last February,) Dr. F. B. Hough has not devoted more space to this branch of his topic. While fully impressed with the value of such records himself, he takes for granted too much that others feel in like manner.

The essay includes a form of a bill recommended. It provides for a Department of Statistics, presided over by a Superintendent appointed by the Governor. The immediate registrars, where not already existing, will be the town clerks. It is their duty to receive from heads of families, physicians, midwives, clergymen, or magistrates, such report of births, deaths, and marriages, as they have professionally superintended, and to return them annually to the department chief. A fee of twenty-five or fifty cents for each entry will repay the registrar, and a fine of ten or twenty-five dollars will punish the physician, etc., who fails to report. One half of this fine reverting to the registrars, is an additional stimulus to their performance of their duty; and they themselves will be subject to a like penalty for neglect to enter properly the reports handed them. Searches, certificates, etc., will, it is argued, go far to support the department. Further provisions are made for the prompt report of the superintendent to the legislature each year, etc.

The bill is carefully prepared, and looks practicable in its main features. Still there would be much difficulty in carrying it into effect in thinly settled districts, and when parties desire to evade it. The penalty of $25.00 is a bagatelle, when balanced with the reasons often existing to defer the publication of a birth or a marriage. The right course is, as in the Code Napoleon, to make the registration of a birth essential to legitimacy, to do away with the independent validity of marriage by the clergy, and to refuse to pass a will to probate until the registrar's certificate of death is shown. Until these steps are taken, we despair of seeing any system of registration carried out sufficiently accurately to furnish material for safe generalization.

Another part of Dr. Hough's essay gives plans for keeping records of private and hospital practice. The form recommended for the first of these is as follows, the headings being printed on a foolscap octavo page in a book for the purpose:

1. Name. 2. Age—, Civil condition. 3. Occupation,—Place of birth. 4. Disease or Injury. 5. Date of first visit. 6. Previous duration of illness. 7. Treatment. 8. Date of last visit. 9. Result. 10. Remarks.

He particularly insists that the record and the *classification* should not go together, but the latter be reserved for some leisure day. Those who would learn the further particulars of his method, can doubtless obtain copies of his essay, by addressing the author at Lowville, N. Y.

# Notes and Comments.

### Cranial Capacities of Man and Monkeys.

Dr. L. Th. Bischoff, of the University of Munich, has lately edited a series of lithographic plates, comparing the skulls of the gorilla, chimpanzee, and orang-outang. From a measurement of thirty-five crania, the following maximum internal capacities were derived: gorilla, 28.37 cubic inches; chimpanzee, 28.07 cubic inches; orang-outang, 35.09 cubic inches. The last is said to be the largest monkey skull ever brought to Europe. Yet the wide chasm between this and man is at once seen on comparing it with even the very smallest skull in Dr. Morton's splendid collection in this city. The latter, of a native African, has a capacity of 65 inches. Though we confess that the largest skull in the collection,—that of a "Dutch gentleman,"—is further from the African than the African from the gorilla, as it measures 114 inches in cubical capacity. Dr. Bischoff thinks that the race of chimpanzees threatens to become extinct, and *en passant* takes the opportunity to show that Darwin's theory of the evolution of species is as yet far from proven.

### Imposition.

A man in New Jersey is imposing villanous compounds upon the public as medicinal wines, under the name of "Elderberry," or "Sambuci" "Port."

The manufacturer has the assurance to say that his so-called wines have been adopted for

medicinal purposes in the hospitals of this city, New York, and Washington. It is scarcely necessary to say that this is not the case, it being merely an advertising dodge to impose worthless compounds upon the public, which, under the name of "medicinal wines," are doing much harm in the community. We are very sorry to see that our religious papers are lending their columns to advertising these deleterious compounds. They might just as well—better, indeed—advertise for tavern-keepers and drinking saloons.

### Increase of Insanity.

Insanity, as a disease, seems to be alarmingly on the increase in the more civilized portions of the world. Last year the London *Medical Times and Gazette* reported that the number of the insane in England had increased twenty-one per cent. in five years, while the population had only increased five per cent. In France the case was still worse. The number of the insane increased forty per cent. in five years, while the population only increased two per cent.

The *Pall Mall Gazette*, in discussing this subject recently, estimates that in England mental diseases have gained on the population to the extent of at least three per cent. per annum since 1859. The present ratio of the insane to the population it puts at one to every four hundred and ten. In the whole of Great Britain there is the greatest amount of insanity in England and the least in Ireland, probably because in the former there is the greatest mental activity and the most high living.

Such facts lead one almost to query whether in a perfect state of civilization insanity will not be the normal condition of mankind! Certainly it would appear to be the normal condition of diseased humanity; that is, that mental are taking the place of physical ailments as civilization progresses.

### A New Styptic.

The *Antwerp Journal* says that the perchloride of iron combined with collodion is a good hæmostatic in the case of wounds, the bite of leeches, etc. To prepare it, one part of crystallized perchloride of iron is mixed with six parts of collodion. The perchloride of iron should be added gradually, and with care, otherwise such a quantity of heat will be generated as to cause the collodion to boil. The composition when well made is of a yellowish-red color, perfectly limpid, and produces on the skin a yellow pellicle, which retains great elasticity.



# Correspondence.

## FOREIGN.

### Letter erom France.

### Olive Oil in Rheumatic Gout.

Paris, France, July 30th, 1867.

Editors Med. and Surg. Reporter:

I came on from London to Paris, July 17th, and now offer, for your excellent journal, so much as I think of general interest to your readers, that may be new, interesting, and profitable. There is one observation I made in London, however, after I wrote you, that I think worth noticing. It is the internal administration of olive oil in rheumatic gout. Dr. Ramskill, Physician to the London Hospital, made the discovery accidentally, as he informed me, in this way. Having a very bad case, he desired to give him cod-liver oil; but as the patient could not take it, he substituted olive oil, in tablespoonful doses, three times a day, and was astonished at the effect of the remedy. Dr. Ramskill is one of the most reputable physicians in London, being Physician to the National Hospital for Paralytics and Epileptics, as well as to the London Hospital, one of the largest and very best in London. He is a *gentleman*, as well as an enterpr'sing physician. In fact I am inclined to place his *success* in the treatment of disease second to none in London, from all I could discover.

### Pneumatic Pressure, etc., in Surgery.

In *Hotel Dieu Paris*, in the Wards of M. le Dr. Maisonneuve, who stands second to few, if any, in Paris, there has very recently been introduced by him, an application for the stump of amputated limbs, consisting of a *gutta percha cap*, in the shape of a long bell, and of a size to fit the stump. To the apex of this bell-shaped cap is attached an *India rubber tube*, about two feet long; the other end passing into a glass jar, holding perhaps near a gallon, through one side of its cork. Through the other side of the cork or stopper of the bottle, passes another *India rubber tube*, of the same size, and of about the same length, to the other end of which is a fixture for the attachment of an air-pump. Now this last tube is furnished with a stop-cock, in about its middle, which completes the apparatus.

Now the apparatus, thus constituted, is designed not only to keep the flaps of the amputated stump together, after applying a few strips of adhesive plaster, without sutures, but it also excludes the air, as well as draws out all the

fluids that ooze from the stump, thus preventing suppuration; or should it take place, were it possible, re-absorption of the matter, and prevention of the sympathetic fever it might produce. For on applying the cap to a stump, after amputation, of a size to suit it, the air-pump is attached to the second tube, the first being attached to the point or apex of the cap, at one end, while the other passes through the cork into the bottle, as before described. Now by exhausting the air in the jar, or bottle, with the air-pump, it is also withdrawn without difficulty from the gutta percha cap, as it fits snugly to the stump, passing up it eight or ten inches, and completely enveloping it; the external pressure of the atmosphere upon the cap, causing it to hug so closely to the stump as to entirely exclude the air. At the same time, every particle of the fluid exuding from the stump is drawn through the first tube into the jar. And as the stop-cock is in the second tube, to which the air-pump is attached, the exuding fluids are instantly passed into the bottle, and of course away from the incised surface.

The apparatus as first used in the Hotel Dieu was simply the cap, with one tube, without the jar, and of course did not keep the fluids drawn off, though it exhausted the air. This was introduced by M. Le Dr. Guerin, of the same hospital, I believe; but the jar, and second tube were added by M. Maisonneuve, in order to draw off the fluids as they exude. The effect of the apparatus is to secure an even approximation of the flaps without sutures, to exclude atmospheric air, and thereby avoid suppuration; and at the same time to remove all the exuded fluids, preventing of course their re-absorption, either decomposed or in their primary state, thereby preventing sympathetic fever and its consequences.

Now, as I am more of a physician than surgeon, I do not feel competent to comment on the utility of this apparatus for pneumatic pressure. The result of its application in the Hotel Dieu, however, I may say, so far as I have seen, is highly satisfactory. The pump is usually worked a little every day, in order to be sure that all the air and fluids may be withdrawn from the stump. I may also say, that there are two points apparently very well established, by experiments here; the first being, that it is the *living organisms* in the air, falling upon incised and lacerated surfaces, that cause suppuration and decomposition of exuded fluids; and the other is, that it is the *re-absorbed matter*, generally decomposed, that produces the sympathetic fever that too often follows amputations and lacerated wounds. This apparatus, as well as the carbolic acid treatment in Scotland, and now being introduced into England, of which I recently wrote you, may very generally prevent all this, by excluding these organic particles constantly floating in the air from the lacerated or incised part, the *acid* probably also destroying the ill effect of such particles as may have fallen upon the injured surface, before any application is made.

### Disease and its Treatment in Paris.

From all that I can discover, after a close observation in the different hospitals of Paris, I incline to the opinion that disease, in all its forms, approximates more nearly to disease as it occurs in America, than do the diseases of Scotland or England. This may be owing to a greater similarity of *climate*, and perhaps *habits*. And the greater similarity of disease may account for the really greater similarity of treatment. In fact I have been astonished to see so little difference in the type, as well as variety of diseases; and such a correspondence in the mode of treatment just now, being, as appears to me, more active and less expectant, than in England or Scotland, and perhaps necessarily so. In the treatment of surgical cases, I think, perhaps, the French surgeons are just now a little more conservative than the American or English; hesitating in relation to ovariotomy, and by no means invariably administering chloroform, as they so very generally do in England, Scotland, and America.

I may add, in conclusion, that by far the best arranged and ventilated hospital I have seen, is *Lariboisiere*, in Paris; and the principal physicians and surgeons, with whose treatment I have become most familiar here, are Messrs. Velpeau, Marison, Fauravier, Hererd, Gubler, etc.; M. Velpeau, though nearly 80, retaining great vivacity, as well as steadiness of hand and dexterity in operating.

E. R. Maxson, M. D.

## DOMESTIC.

### Treatment of Tinea Sycosis.

Editors Medical and Surgical Reporter:

As one of the correspondents of the Reporter desires to know the treatment for tinea sycosis, mentagra, or barber's itch, it may not be amiss for me to give the treatment which has been most successful with me.

It has happened that in the last eighteen months, three well-marked cases of the above disease came under my charge. I treated them

all alike, and satisfactorily to the *patients* and myself. The first case had been under treatment for three weeks before I saw it, the disease having spread over the whole face and head. The second and third cases I saw before it had made so much progress. My treatment has been substantially as follows: I cut the hair of the head and face as short as I can with shears,—open the bowels with a saline cathartic, and forbid all stimulating diet.

I give ten drops of Fowler's solution of arsenic three times a day; increasing the dose, according to the extent of the disease and its effects on the system, to fifteen drops. I direct the parts to be thoroughly cleansed with castile soap and soft water, morning and evening, and the following ointment applied night and day, as often as it is necessary to keep the skin perfectly soft.

℞. Ung. sulphuris,
" picis liquidæ,
" hydrarg. oxidi rubri, āā ℥ij. M.

The average time of treatment in the cases referred to, was three weeks.

S. T. Davis, M.D.

*Millersville, Pa., Aug. 7th*, 1867.

### The New Medical Law of Maryland.

Editors Med. and Surg. Reporter:

The new medical law of Maryland appears to attract considerable attention outside the State. In your valuable journal of June 8th, you give a synopsis of its provisions, and in your issue of July 20th, Dr. Kennedy, of Delaware, contributes a letter of much interest, discussing the merits and tendencies of the law.

You state that you have long ago settled down to the opinion that our profession must be a law to itself, and not seek the interference of State legislation; that it should have its own organizations revolving around the American Medical Association as its centre.

I wish to state, first of all, that I do not object to the American Medical Association, and that the late law of this State does not interfere in the least with its operations or supplant it in any manner whatever, but on the contrary, facilitates its operations, inasmuch as it compels county organizations.

Let me ask the question—What has the profession accomplished by its regulations and codes, in the great and *primary* object of protecting the health and lives of the community from the practices of the hosts of pretenders who infest all parts of the country? *That is the point.* How is it in Pennsylvania? Would not every sensible physician in your State, especially in the rural districts, hail the passage of a law which would prevent all persons from practising medicine, surgery, or obstetrics, without a license from a competent board, as "a consummation devoutly to be wished for"? I say especially in the rural districts, as I am convinced that the physicians of Philadelphia and the larger cities, on account of their great influence, consequent to more perfect organization, do not appreciate the great necessity for such a law as much as their less fortunate brethren in the country. And here let me say a word to these unfortunates. You have but one resource left, in the absence of law, and that is, organize your county societies everywhere, enforce your code and regulations, and draw the line as broadly as possible between the true physician and the false.

I do not think that your objection to our law, because it permits all classes of doctors to practice, can be sustained, for this, in my opinion, is its chief excellence, inasmuch as it makes it *practicable.* No other law could be sustained. The law wisely places the privilege to practice upon the broad ground of "a knowledge of the principles of medicine."

When I compare our condition, under the operation of this law, with that of the physicians of Pennsylvania, which I am the better enabled to do, as I have practised many years in that State, I feel that we are lifted out of the mire.

*Our* law makes it necessary that all persons practising medicine, surgery, and obstetrics, shall pass an examination before a competent board; the absence of all law in your State permits every impostor, too lazy to work, to practice upon the lives of the ever-credulous people. Which community is better protected?

George B. Fundenburg, M. D.

*Cumberland, Md.*

## News and Miscellany.

### Prof. Agassiz on the Origin of Man.

Prof. Agassiz having been quoted as favoring the dogma, that the negro belongs to a lower scale of beings than the white race, writes that he has always maintained the opinion, and still holds it, "that the different types of the human family have an independent origin, one from the other, and are not descended from common ancestors; but this idea, I do not apply to the Negroes only, but to the Indians, the Chinese, the Hindoos, the Australians, etc., as well. In fact, I believe that men were created in nations, not in individuals; but not in nations in the present sense of the word; on the contrary, in such crowds as exhibited slight, if any, diversity among themselves, except those of sex."

### American Dental Association.

This body opened its seventh annual session in Cincinnati on Tuesday, July 30th. The following were nominated as officers:

For President—H. J. McKellops, of St. Louis, and A. Lawrence, of Lowell, Mass.

For 1st Vice-President—P. G. C. Hunt, of Indianapolis, Ind.; Geo. T. Barker, of Phila.

For 2d Vice-President—A. S. Talbert, A. B. Robbins.

For Corresponding Secretary—C. R. Butler, W. T. Arrington.

For Recording Secretary—J. Taft, J. A. Kinnecott.

For Treasurer—W. H. Goddard, James Taylor.

An election was then held. by ballot, which resulted in the choice of the following:

President—A. Lawrence.
First Vice President—P. G. C. Hunt,
Second Vice-President—A. S. Talbert.
Corresponding Secretary—C. R. Butler.
Recording Secretary—J. Taft.
Treasurer—W. H. Goddard.

The remainder of the proceedings on Tuesday were mainly preliminary. On Wednesday a report was adopted repudiating the St. Louis Dental College as and irregular an untrustworthy institution. The annual dues of membership in the Association were increased from $2 to $5. A discussion was then held on Dental Pathology and Surgery, which was continued through the evening session. On Thursday, Dr. Allen, of New York, formerly of Cincinnati, read an interesting paper, in which he argued that the reason Americans generally had poor teeth arose from a deficiency of lime in the body, and that this deficiency was caused by bolting grain, thus removing the outer parts of the grain which contain the most lime. Niagara Falls was selected as the next meeting place. On Friday the Standing Committees for the ensuing year were elected.

On Friday evening the Association and invited guests were entertained by a banquet at Hopkins' Hall. On Saturday morning the Association held a brief session, and then adjourned until next year.

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### An Ingenious Bullet Detector.

A very ingenious piece of mechanism for the detection and extraction of bullets in wounds has been devised by Mr. Sylvan De Wilde. The probe, consisting of two steel wires insulated from each other, is connected with an electric horseshoe magnet and a bell, and when (introduced into the wound) it touches the bullet the circle is completed and the bell rings. The forceps act on the same principle, and are intended first to detect, then to seize, the bullet. They have curved points, and not pallets or spoons. The points of the probe are kept sheathed on introduction to a wound, and not uncovered until the supposed bullet is felt. This is effected by means of a sliding tube. Mr. De Wilde's probe is a sensitive artificial finger, which enters deeply into the tissues, and gives the signal at once when it detects the hidden source of mischief below.—*London Lancet.*

### Effects of Coffee and Wine.

A correspondent of the New York *Evening Post*, one of our best exchanges—says that at a recent session of the Academy of Sciences, held in Paris, a curious paper upon the moral influence of different kinds of food was read by a writer who had experimented upon himself with coffee and wine. He first fasted forty hours in order that his stomach might be empty, and then ate nothing but coffee and bread, or wine and bread, for several days, and noted his mental sensations.

"If I swallowed a certain quantity of strong coffee slowly, I felt a singular change take place in my nature. I seemed almost instantaneously transformed into another man; all feeling extinguished itself in my breast, at the same moment my intellect developed an unaccustomed activity; it seemed as if all my faculties had transformed themselves into intelligence. I ceased to be communicative and kindly; I became cold, cross, and selfish; in a word, my whole character assumed an aspect exactly the reverse of what it had hitherto been. My intellect labored without the slightest fatigue, and almost in spite of myself; upon any given subject it penetrated profoundly and drew almost infinite consequences. If I wrote, my style was correct, but cold. If I remained a long time in this condition, my intellect ceased its activity of production, but like my body, it remained constantly agitated. I could not sleep, or at least, could never completely lose my consciousness. In a word I was entirely reduced to motion and intelligence. It is worthy of note that my pulse was both slow and feeble throughout the experiment. If now I drank some wine, everything changed; calm returned, followed by generous sentiments. I felt myself become again kindly and sympathetic. I ceased, as if by magic, to be cross and egotistical. If the experiment was made from the beginning with wine and bread, instead of coffee and bread, these phenomena were exaggerated; the mind was dull to such a point as to be embarrassed by the slightest effort; the character became extraordinarily sensitive. I dreaded to offend any one by the slightest thing; whereas, under the influence of the coffee, the feelings or opinions of the world were completely indifferent to me. In the meantime this vinous sensibility is not necessarily benevolent. If the person happens to fall under the influence of malevolent feeling, that is equally intensified. Finally, I became heavy, sleepy, inclined for repose; the intellect ceased to act; sensibility alone remained."

The author of the memoir observes in conclusion, that coffee and wine may be taken as the types of two great classes of food, of which one acts on the intellect and nerves of motion, the other on the sensibility and nerves of sensation; that a majority of articles used as food occupy a middle place between to extremes.

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### Epidemic Trichinosis.

Trichinosis, from the consumption of pork infected by trichina, which was thought to be finally extinguished in Germany, has shown itself anew at Helberstadt. A considerable number of

the inhabitants, amongst whom were children three years old, have been infected. The butcher who sold the pork was only saved from the irritated populace by the intervention of the police.—*Brit. Med. Journal.*

### Ether *versus* Chloroform.

Lyons is the only city in France, and Boston in the United States of America, where chloroform is laid aside and ether preferred as an anæsthetic. A death having taken place this summer at Lyons, in a woman of delicate constitution, under anæsthesia, while an orthopædic apparatus was being adjusted to her foot to correct some deformity, the fact gave occasion to a discussion at the Academy of Medicine in that city. It then appeared that, since the resolution had been come to, under a certain predominance of opinion, to adhere to the use of ether, no less than seven deaths had occured under anæsthesia at Lyons; whereas, in Paris, during the fourteen years that chloroform has been in use, over a much wider range of cases, the same figure expresses the total number of casualties, for they have been no more than seven.—*Brit. Med. Journal.*

—— Among the causes of death given in the June report of the Lowell, Mass., city physician, was "Homœopathic foolery."

—— The Social Evil.—The last Legislature of Ohio passed a bill, authorizing Boards of Health in the large cities to enumerate and record the female inmates of disreputable houses, and to remove and protect those under eighteen years of age. The Cincinnati Board of Health have directed such enumeration to be made.

—— The Dental Art and Practitioners.—Forty years ago surgeons and doctors generally officiated as teeth-pullers whenever occasion demanded. In 1820 there were but thirty practicing dentists in the United States. In 1850 the number had increased to 2,923, and at present there are about 5,000 regular dentists.

—— Nitrate of Silver Stains may be removed from the hands or clothing by the combination of tincture of iodine and a solution of hyposulphite of soda.

—— Returns of the Registrar General of England show that in that country, in 1866, there were 187,519 marriages, 753,188 births, and 500,938 deaths.

[*Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.*]

### MARRIED.

Barker—Starr.—Aug. 5th, by the Rev. Robert M. Mitcherson, Jesse Barker, M. D., of this city, and Mary Rose Starr, of Baltimore, Md.

Jacobs—Potts.—At Norristown, Pa., Aug. 5, 1867, at the residence of the bride's father, by the Rev. J. F. Halsey, D. D., Dr. Theodore Jacobs, of Rock Island, Ill., and Mary Grace, only daughter of John Potts, of Norristown.

McIntosh—McMillan.—At Knoxville, Tenn., on the 12th ult., at the residence of the bride, by Rev. Mr. Bachman, J. C. McIntosh, M. D., and Mrs. Margaret McMillan, all of that vicinity.

Wolff—Besore.—At the residence of the bride's father, May 29, 1867, by Rev. W. A. Harris, Dr. M. L. Wolff, of Pa., and Miss Elva Jane Besore, of Clear Spring, Md.

### DIED.

Morgan.—In New York, Aug. 4, after a short illness, Charles Edward Morgan, M. D., eldest son of George and Paulina A. Morgan.

Shields.—Of yellow fever, in New Orleans, on the 10th inst., Dr. Geo. W. Shields, Assistant Surgeon, U. S. A., formerly of this city.

### OBITUARY.

#### Daniel Dwight Hitchcock.

Dr. D. D. Hitchcock died of cholera on the 17th of July, at Fort Gibson, Cherokee Nation, in the 45th year of his age.

In Dr. Hitchcock we have lost a friend of our youth, one whom we respected and loved. But our loss is not to be compared to that of a dependent family, and to the people among whom he had cast his lot.

Dr. Hitchcock enjoyed the advantages of a superior education, both classical and professional. He was a student of Dr. E. R. Peaslee, and a graduate, we believe, of the Medical School of Maine. His father having been a missionary of the American Board among the Cherokee Indians, and finding that an educated physician was needed, he settled among them and practised his profession intelligently and earnestly for about sixteen years.

The trying years of the rebellion bore hard on the Cherokee people, and Dr. Hitchcock lost all his property and became broken down in health. He was just recovering from these disrsters, and had received the appointment of Pension Agent for the Cherokee Nation, when, on the 29th of June, cholera broke out at Fort Gibson, and from that date to the 16th of July, he labored incessantly, day and night, among the sick and dying, when he was attacked suddenly, and died, after an illness of less than twenty hours.

### ANSWERS TO CORRESPONDENTS.

*Dr. W. W.*—Stille's Therapeutics is just now reprinting. As soon as out we will send you a copy.

*Dr. J. A. R.*—Cataract needle sent August 12, with letter.

*Dr. R. E. S.*—"Why not," sent Aug. 12.

*Dr. R. N. P.*—"Why not," mailed to you Aug. 7.

*Dr. J. E. C.*—Hartshorne's Essentials, mailed Aug. 12,

*Dr. J. W. S.*—Hartshorne's Essentials, sent by mail, Aug. 7.

*Dr. D. H. McC.*—Pocket Record and Lehman's Phys. Chem., sent by mail August 7.

*Dr. A. H. H.*—Flint's Practice went by mail Aug. 7.

*Dr. E. T. M.*—Our "Revised Catalogue of Medical Books and Surgical Instruments," will appear about Oct. 1st. As soon as out we will send you a copy.

*Dr. W. K. C.*—Hammond's "Physiological Essays," sent on the 7th.

*Dr. F. H. B.*—We sent you the case of eye instruments on the 9th. The delay was on the part of the surgical instrument maker.

*Dr. A. J. K., of New Jersey.*—We have written you three times about your adv't. Why don't you answer?

*Dr. H. H. H.*—The list of Practices for sale will not be ready for a few weeks. As soon as out a copy will be sent you.

### METEOROLOGY.

| July, | 29, | 30, | 31. | 1, | 2, | 3, | 4. |
|---|---|---|---|---|---|---|---|
| Wind..... | S. W. | N. | N. E. | E. | N. W. | E. | S. W. |
| Weather.... | Cl'dy. Rain. | Clear. | Clear. | C'dy. Rain. | Cl'dy. Rain. | Cl'dy. Rain. | Clear. |
| Depth Rain.. | 2 2-10 | | | 2 5-10 | 3 10 | 9 10 | |
| *Thermometer.* | | | | | | | |
| Minimum..... | 76° | 62° | 62° | 58° | 66° | 66° | 61° |
| At 8, A. M..... | 72 | 68 | 67 | 72 | 73 | 69 | 72 |
| At 12, M..... | 73 | 72 | 76 | 76 | 75 | 71 | 80 |
| At 3, P. M..... | 77 | 76 | 76 | 74 | 77 | 72 | 80 |
| Mean..... | 74.50 | 69.50 | 70.25 | 70. | 72.75 | 69.50 | 73.25 |
| *Barometer.* | | | | | | | |
| At 12, M..... | 30. | 30.3 | 30.3 | 30.1 | 29.9 | 30.1 | 30.3 |

*Germantown, Pa.* B. J. Leedom.

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The Philadelphia Summer School of Medicine will begin its fourth term on March 1st, 1868, and students may enjoy its privileges without cessation until October.

The Regular Course of *Examinations* and *Lectures* will be given during April, May, June, and September.

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| Aloes et Ferri | 30 |
| Aloes et Mastich | 50 |
| Ammon: Bromid: 1 gr. | 75 |
| Anti-bilious (Veg:) | 70 |
| Aperient | 90 |
| Assafœtida, 2 gr. | 40 |
| " et Rhei | 75 |
| Bismuth: Subnit: 3 gr. | 75 |
| " Subcarb: 3 gr. | 75 |
| Calomel: ½ gr. to 3 gr. | 40 |
| " et Opii | 85 |
| " et Rhei | 75 |
| Cathart: Comp: U. S. P. | 70 |
| Chapman's Dinner Pills | 60 |
| Cerii Oxalat: 1 gr. | 1 00 |
| Chinoidin: Comp: | 1 00 |
| Cinchon: Sulph: 1½ gr. | 75 |
| Cook's, 3 gr. | 50 |
| Coloc: Comp: 3 gr. (Ext: Coloc: Comp: U. S. P) | 80 |
| Colocynth: et Hydrarg: et Ipecac: | 75 |
| Diuretic | 50 |
| Dupuytren | 50 |
| Emmenagogue | 1 40 |
| Fel: Bovinum | 50 |
| Ferri, (Quevennes,) 1 gr. | 50 |
| Ferri Carb: (Valett's,) U. S. P. 3 gr. | 40 |
| Ferri Citrate. 2 gr. | 50 |
| Ferri Comp: U. S. P. | 40 |
| Ferri Iodid: 1 gr. | 75 |
| Ferri Lactat: 1 gr. | 50 |
| Ferri Pyrophosph: 1 gr. | 40 |
| Ferri Valer: 1 gr. | 1 00 |
| Ferri et Quass: et Nuc: Vom: | 75 |
| Ferri et Quin: Cit: 1 gr. | 75 |
| " " " " 2 gr. | 1 40 |
| Ferri et Strychniæ | 75 |
| Ferri et Strych: Cit: | 75 |
| Gambogiæ Comp: U. S. P. | 40 |
| Gonorrhœa | 60 |
| Hepatica | 90 |
| Hydrargyri, U. S. P. 3 gr. | 40 |
| " Iod: et Opii, (Ricord's.) | 75 |
| Iodoform et Ferri | 3 50 |
| Ipecac et Opii, 3½ gr. (Pulv. Doveri, U. S. P.) | 50 |
| Leptand: Comp: | 1 00 |
| Lupulin, 3 gr. | 40 |
| Magnesiæ et Rhei, (1 gr. each,) | 40 |
| Morphiæ Comp: | 1 50 |
| Opii, U. S. P., 1 gr. | 80 |
| Opii et Camphoræ | 90 |
| Opii et Camph: et Tannin. | 90 |
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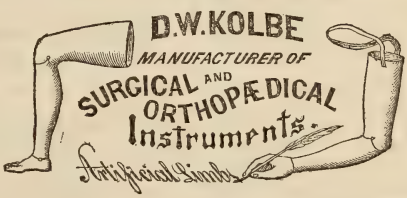


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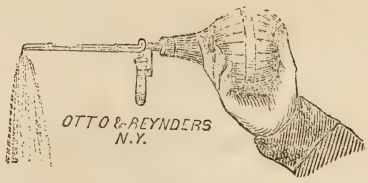


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# MEDICAL AND SURGICAL REPORTER.

No. 547.] PHILADELPHIA, AUGUST 24, 1867. [Vol. XVII.—No. 8.

## Original Department.

## Communications.

### EXTENSIVE LACERATION OF THE KNEE-JOINT:—RECOVERY.

By A. G. Walter, M.D.,

Of Pittsburgh, Pa.

Recoveries from severe traumatic injuries, inflicted upon the large articulations of the human body, *without amputation*, being of exceedingly rare occurrence, the history of the following case and its result is worth being put upon record, as an evidence of the extraordinary endurance of the system, the bountiful recuperative powers of Nature, and the legitimacy and success of the treatment by *long* and *deep* incisions, traversing all the tissues into the joint, with subsequent immovable rest to limb and body,—serving at the same time as a monitor to the surgeon, to beware of hastily sacrificing a limb before conservative means—called into requisition and faithfully tried—have been fruitlessly exhausted.

As ample experience has been accumulated to prove, that a *large* wound penetrating a joint, if made by a clean cut, offers in general a better prognosis, with regard to the recovery of the joint and its subsequent usefulness, than *small* wounds, and especially those of a punctured and lacerated character; it is but logical to infer, that by *freely* and *timely* enlarging the latter, less danger to limb and life would thus be incurred. Yet in the face of experience and reason, recourse to early and free division of the tissue covering a joint, is in general not timely nor effectually enough resorted to, even in cases imperatively demanding its execution, (as for the evacuation of inflammatory products secreted in a joint, and foreign bodies having entered it,) owing to the dread of interfering by incision with articulation, still being too common with surgeons. But as the consequences resulting from neglect of early liberation of an injured joint are generally hazardous to the life of the limb, and of the patient likewise, additional testimony in support of the conservative practice by *free and early division of the joint* should not be withheld from the professional reader. The principle being correct, the practice, if legitimately demanded in a case under consideration, should become general, and as early as promptly instituted, for amelioration of suffering, the salvation of the limb and of the life of the patient, follows as its rewards.

Mary Ellen McGregor, daughter of S. C. McG., of Robinson township, Allegheny county, Pa., aged thirteen years, with florid complexion, dark hair, nervo-sanguineous temperament, slender frame and muscles, yet healthy, met on January the 9th, 1865, an accident of an unusual nature and severity, to her left limb. While riding in a sleigh, which upset against a snow bank, she was thrown out, her clothes becoming entangled in the former. In this position, face downwards, she was dragged over the snowy ground for about one hundred yards, the horse running at full speed till stopped at a neighboring farm-house. Thus jerked along, a rough piece of the limb of a peach tree, knotty and covered with bark, fully one inch in diameter and eight inches in length, gradually tapering to a point one-eighth of an inch wide, entered the middle line of the front of the left thigh. After having grazed the skin from the groin, about four inches above the patella, and passed in a slightly oblique direction underneath the inner half of the knee-cap into the joint, its point being felt at the outer edge of the tibia, about two and one-half inches below the patella, where it lodged. The upper part of the stick, having broken off a little below the entrance wound of the thigh, was thus hid likewise. Bleeding, though profuse at first, had become spontaneously arrested. The shock to the system was great, requiring the use of restoratives, and anodynes were demanded for the relief of pain, which was excruciating.

Thirteen hours after the receipt of the injury, the foreign body was with difficulty extracted by a tooth forceps, in the hands of a medical gentleman from the country. The limb was laid upon a wooden splint, while a linseed meal poultice

covered its front at the seat of the injury. Morphia, in broken doses, too, was liberally given.

Eight days after, I was called to the case, finding the following condition. The whole femur and crus from the groin to the toes, was greatly and uniformly swollen; of brawny color, tense, and exceedingly painful on the least pressure; phlegmonous diffuse erysipelas evidently having affected it. Its circumference above the patella was four inches in excess of the right one, below the groin five inches, and below the knee three inches. There was an oval-shaped wound in front of the thigh, (the entrance wound of the stick,) one and three-fourths by three inches, covered by a dirty yellow pseudo-plasma and sloughs of necrosed fascia and cellular tissue, and discharging unhealthy serous and cheesy matter, by pressure applied to the sides of the knee-joint, in moderate quantity, but without escape of gaseous secretions. Another wound was found over the outer edge of the tibia below its head, where the point of the stick had rested, one inch in length, which had been made by the physician in attendance some days ago, evacuating some ill-conditioned pus likewise. On different parts of the front of the limb extensive bruises and abrasions were noticed, evidently produced by the rough and frozen ground, over which the limb had been dragged. Notwithstanding this severe injury of the limb—laceration of the joint and thigh, with phlegmon of the entire limb as the result—the general condition of the patient did by no means correspond with the amount of local affliction. Her features, though pinched and expressive of nervous irritability, did not evince great suffering; her pulse, beating one hundred strokes in a minute, was firm; tongue clean and moist. There was great thirst and want of appetite, yet secretions and excretions were normal. There had been no chills, no vomiting, but exacerbations of fever in the evening. She had been able to rest and sleep under the use of anodynes, and did not seem to suffer pain, unless the limb was touched or moved.

Considering the deep penetration and extensive laceration of the joint, with the phlegmonous condition of the limb, threatening dissection of the muscles by burrowing matter, with profuse suppuration of the joint, and sloughing of fasciæ, areolar tissue and dermis, prompt relief had to be offered by free division of the joint, else death of the limb and the patient would have followed. An incision, therefore, was made, under the influence of chloroform, from the lower angle of the thigh wound, through the skin and fascia into the joint, discharging at once thick cheesy matter, in large quantity, from the pouch of the patella, and along with it two pieces of bark, which had become detached from the stick, and fatty degenerated tissue from the interior of the knee-joint. The cut was carried down along the inner side of the patella to the insertion of its ligament into the tibia, when a large piece of bark, one inch by one and one-quarter inches, was removed from underneath the knee-cap. The cartilages covering the condyles of the femur and the inner face of the patella were found grazed, but not broken. From the upper angle of the wound a piece of wood, (the knot of the limb,) one-half inch long, was removed. The muscles in the track of the wound exhibited traces of severe bruising and laceration. Some bleeding from the superior internal articular artery of the knee-joint took place, which, however, soon yielded to digital pressure.

All bleeding having ceased, clots of blood and pseudo-plastic masses, the product of the intense inflammation of the joint, were next removed by gentle ablution, while the patella was lifted up, and an oily tent was laid into the wound of the joint, nearly two inches deep, to prevent its edge from agglutinating; the rest of the wound, too, above and below the joint, was kept open by the interposition of pledgets of muslin. The edges, however, were gently approximated by narrow strips of muslin, encircling the limb lightly. The whole track of the wound was covered with oiled lint, over which a large warm flaxseed meal poultice was placed. A long padded volar sheet-iron splint, embracing femur, crus, and foot, formed the resting place of the limb in its extended position, to which it was confined by several turns of bandages. A full anodyne,—morph. sulph., gr. one-fourth, was administered, to be continued *pro re nata*, and a nourishing diet ordered.

I left the patient in the care of a physician, but was sent for on the 15th of the month, when I found the expression of countenance more anxious, face pale, with flushed cheeks, great thirst, and very frequent, though somewhat voluminous pulse. There had been some appetite and sleep, under the use of anodynes. Constipation was well-marked, with absence of chills. An erysipelatous blush was noticed along the inner face of the crus, below the knee; swelling of the limb unabated; large, broad and exuberant granulations filled the wound, by which its edges were agglutinated. There was a considerable discharge of matter, of more healthy appearance. The wound on the outer face of the limb

offering some impediment to the discharge of matter from the joints, an incision from its lower angle was carried downward below the knee, when a mass of degenerated hypertrophied fatty tissue was removed from the joint; several pieces of bark having previously been discharged with the matter. The wounds were again cleansed by free ablution with tepid chamomile tea, the agglutinated edges separated with the finger, and oiled lint was placed deeply into the bottom of the wound by the side of the patella. Diaphoretics, with gentle stimulants, were prescribed, with wine-whey and nourishing diet. The warm local applications were continued, with immovable rest to the entire limb.

On February 13th, it is reported, that expression of face was very anxious, with surface of body anæmic; that she was greatly emaciated and nervous, the least motion making her scream; that the appetite was poor, pulse frequent and weak; that the tongue had a whitish coat, with paleness of surface, of which the gums and mucous membrane of the mouth, and conjunctiva of the eyes, too, gave ample evidence, and that the pupils were widely dilated. There was not too much discharge of pus from the lower angle of the wound below the knee, and the granulations had receded in size and exuberancy. The swelling of the femur having subsided, flabbiness of its muscles was found considerable. There was less suppuration from the large wound, yet more than was needed for repair. Side splints to the femur were applied, which were retained by several turns of bandage, with the view of giving support to the weakened muscles and lessening the wound. Powdered cinchona and tincture of opiicrocata, on lint, was laid over the wound, with a light poultice. Tr cinchonæ and tr. aurant. composita, with wine and nourishing diet, constituted the treatment from this time forward. Gradual recovery took place, with wounds healed and strengthened.

On June 21st, 1865, she presented herself, walking on crutches, having regained health and flesh. The scar in front of the femur is about one inch broad, and nine inches long; of a dark-red color, with a depression along its middle, about five inches in length, where it has united to the os femoris. The knee-cap is slightly drawn upward, and rests upon the outer condyle, yet somewhat movable. There are small scars on the anterior face of the leg, of a blueish-red color, the result of superficial excoriation, in consequence of the extensive bruising to which the limb had been subjected. The knee-joint is flattened in its antero-posterior diameter, and increased in size in its lateral diameter. Anchylosis of the joint is almost complete, some slight motion in it only being detected. But as passive motion, though ordered during its treatment, had been neglected, the result could not be otherwise. There is absence of pain and swelling, the patient being able to enjoy herself after a protracted confinement.

The recovery of this limb *without amputation*, considering the frightful injury to the joint, and under circumstances less favorable than are generally met with, will remain a striking example of Nature's protective powers, and of the reward due to proper and intelligent surgical assistance.

## HYPODERMIC USE OF MORPHIA AND QUINIA, IN THE TREATMENT OF TETANUS, AND OTHER SPASMODIC AFFECTIONS.

By Harvey L. Byrd, M. D.,

Professor of Obstetrics in the Medical Department of Washington University, Baltimore, Md.

The treatment of tetanus has been, from time immemorial, most unreliable and unsatisfactory in its character, having indeed, been little else than empirical, and it is therefore not surprising that the world at large should have assigned it a place among the "opprobria medicorum."

There is scarcely an article in our vast materia medica that has not at some time or other been lauded for its virtues, or claimed, *par excellence*, as the remedy in its treatment. Much of the failure in this respect has doubtless been owing in many, if not in all cases, to an absence of knowledge of the pathology, or essential nature of the condition of the patient, or a due appreciation of the phenomena presented at the bedside.

Those who have given that degree of attention to the value of symptoms and signs of disease, which enables them to decide, as if by intuition, the treatment, almost as soon as a case is seen, are guided in the formation of their judgment by a *tout ensemble* of circumstances, which enables them to comprehend and appreciate the condition of the patient with as much certainty and freedom from embarrassment, as that which is observed in reading from the pages of a book, after a familiarity with letters and figures has been acquired. Many of our most reliable and valuable facts concerning disease, and its treatment, have been derived from the observation of the effects of remedial agents in their action on the animal economy, in cases where the true pathology was unknown, or beyond comprehension, and important practical advantages may be

secured in many instances by the application of those facts, on general principles, where we may have had no experience in certain cases. These brief and desultory remarks are intended to direct attention to the consideration of the application of certain well established facts, in relation to the action of some of our popular and tried therapeutic agents, with a view to a more successful treatment of tetanus, and kindred affections, than has hitherto been adopted.

In a communication published in the Reporter, vol. 15, page 473, we called the attention of your readers to the value of opium and quinine, in preparing cases of traumatic tetanus for operative procedures, where surgical interferences were deemed necessary to the removal of the proximate or exciting causes giving rise to that condition. It is now proposed to elaborate to some extent the principles enunciated in that article, and successfully applied in the cases mentioned, so as to show their applicability to similar phenomena, whether their causes, proximate or remote, may be seen, or are hid from our observation; and whether the cases should be those of traumatic tetanus, or kindred spasmodic affections.

We know that laws are essentially necessary to the well-being and order of the physical universe, and that they are constant, and unvarying in their operations, has been proven conclusively by calculations and tests, and yet we know absolutely nothing of their real nature, and it is extremely probable that we will never know of all the connecting links in the "vast chain of being, which from God began." But of one thing we may be certain, that of all the laws by which events are linked together, the relations of cause and effect are the most unvarying, and the most constant. The comprehensibility of these phenomena, as we are enabled to observe them in the physical manifestations of nature, induces us to conclude that they are of universal operation, alike upon the small as the large objects of creation, and upon the animate as well as the inanimate works of the great Architect. Reasoning from analogy, as well as from facts, the conclusion may be reached without difficulty, that we have in the *hypodermic syringe*, and the *electro-magnetic apparatus*, instruments which promise us greater assistance than any heretofore known to the profession in the treatment of tetanus. With the syringe, immediate application may be made of the selected remedy, whatever may be the state of the patient. The happy effects of opium and quinine, reported in my article, above alluded to, were obtained through their administration by the mouth. Where even no impediment to deglutition exists, which is often the case, their therapeutical effects are more or less tardy in their manifestations, when given by the mouth. With the syringe in hand however, a sufficient quantity of morphia, atropia, or other narcotic, may be injected to relieve the paroxysm in a few minutes, and as soon thereafter as may be desired, quinia may in like manner be administered in sufficient amount, to greatly protract the intervals, if not to arrest the recurrence of the paroxysms.

It is unnecessary to inform your readers that the injections of the anodyne, and antiperiodic, may be repeated, and the doses and intervals so regulated, as to secure time for any surgical procedure, in cases requiring such interferences, and also intervals for repose, and the administration of nourishment, thereby affording time for the action of the vis medicatrix naturæ. What is true of the prompt and salutary action of the hypodermically administered narcotic, will be found to be true of a well directed application of *electro-magnetism*, in relaxing spasm, and in controlling the duration of the paroxysms in many cases. My experience with this agent in all forms of spasmodic disease, for twenty years past, enables me to say without hesitation, that in my hands it has always succeeded, in a few minutes, in arresting spasmodic muscular contractions. Reports of cases in which it proved successful, were published from time to time in some of the medical journals of the South. Whether the paroxysm is overcome by narcotic injections, or electro-magnetism, quinine, in sufficient quantity to *secure its antiperiodic* action, should be promptly administered, and persisted in to the developement of *quininism* when smaller doses will keep up its impression upon the system as long as may be desired.

This subject is so absorbingly interesting to me as a professional man, and so vastly important to humanity, that were I to yield to my inclination, the present article would be extended far beyond the limits I generally allow myself in writing for the medical press.

I cannot conclude however, without expressing the opinion, and hope also that the treatment recommended for tetanus will be found more serviceable in hydrophobia, than any other that has been heretofore adopted.

From a somewhat careful examination of a few reported cases of that terrible disease, and a comparison of the prominent symptoms mentioned in connection with them, with those of the several forms of trismus, as seen under my own

observation, I am forced to conclude that it is a disease of much rarer occurrence than is generally supposed. In a full practice, of near a quarter of a century, on the sea-board of South Carolina and Georgia, I never saw a case of hydrophobia, nor a death result from the bite of a dog, though I have seen dozens of cases of persons bitten at all seasons of the year, and under various circumstances and physical conditions.

## "MISSED LABOR."

By T. B. Camden, M. D.,
Of Weston, West Va.

This term was introduced by Dr. Oldham, who restricted it to cases "in which the full term of utero-gestation has gone by without labor pains having set in, or the expulsion of the child effected."

As such cases are very rare, and the number recorded few. I have had my attention more particularly called to them from the fact that I had the misfortune to have one. And at the time had never remembered reading or hearing of a case of the kind, nor have I since, except the cases spoken of below.

The first of these cases is related in Guy's Hospital Reports, by Dr. Oldham, under the caption of a "Rare case of Midwifery." The narrative states that the full period of utero-gestation was completed in June, and the woman carried the child until October, three months beyond the natural period. The function of lactation was established as soon as the usual period of gestation had expired. (She had lost a quart of blood in June.) The Dr. found the os uteri dilated sufficiently to introduce two fingers; but absolutely incapable of further dilatation, and he believes the uterus would have given way before a greater degree of dilatation could have been effected. The usual excitants were given, ergot, electricity, etc., but without avail. The Dr. removed the arm and some other portions of the child, together with the placenta and cord through the os uteri. The uterus soon after diminished in size, the Dr. predicted the escape of the contents into the abdomen by ulceration. The post-mortem confirmed his opinion. The anterior walls were found to be removed by ulceration. The soft parts of the child had been taken away by the absorbents, and little else was left but the bones.

The second case was recorded in the April number of the *American Journal of the Medical Sciences*, in 1853, and is related in a letter to Prof. Meigs by Dr. Hortze. This woman, I believe, carried her child near three years. A post mortem put the matter beyond cavil. As I have not the Journal at hand, I cannot give the particular symptoms, etc.

The third case is by Dr. Wm. Johnson, of White House, N. J., February, 1855. The woman, aged 36 years, became enciente for the first time in the spring of 1852. Nothing of note occurred until December, when nine months of utero-gestation was completed. She had now pains, such as to induce her husband to call in her physician, he was called on in the evening and remained all night. The pains, however, were not severe, and wore off, *and never returned.* As in extra-uterine pregnancy, lactation was also here established at the prescribed period when utero-gestation should have been completed. She lived after this eleven months. Her health, however, soon began to give way after the abortive effort of the womb to expel the child. Dr. Johnson saw her for the first time in March. She had several turns of flooding; but the quantity of blood lost was not large. At this visit he found the os uteri obliterated, and the parietes of the under part of the womb thin. The tip of the finger entered the womb, and with it he touched what he thought the fœtal head. He says he employed considerable manipulation in order to increase the dilatation of the os uteri; but completely failed in the attempt. He says he might as well have attempted the dilatation of a piece of *sole leather;* to which alone he could compare it. It gave the same unyielding sensation. In consultation with Dr. Honeyman it was agreed to attempt the dilatation with sponge tents; secale cornutum was given for several days, all without effect, she gradually sank until fall, having lived eleven months. The post-mortem revealed a child within the womb; decomposition of the child had progressed, and the cranial bones were readily separable. The uterus fully embraced the child on every part of its surface. The head presented in the most favorable position for expulsion.

The fourth case is by Dr. Green, of Cambridge, Ohio, and recorded in the "*Counselor*, June 30th, 1855," Columbus, Ohio. He was called on the night of the 25th of Feb. 1836, to see Mrs. T., aged 43 years, in her sixth accouchement; found her to all appearance in labor. Shortly after his arrival she vomited freely, after which her pains left her. She rested well through the night and expressed herself as well as ever.

He says: "I left her expecting to be sent for during the night, but heard nothing from her for

eight or ten days, when, passing the house, called to see her, when she informed me that on the day I left, the waters came away, and she had had a slight hemorrhage, which continued up to that time. That she had not felt the child move since her pains subsided, and she had a copious secretion of milk. I was satisfied that the child was dead, and gave as my opinion that labor would certainly take place in a short time and expel the child. But in this I was sadly mistaken, as in a few days afterward I was requested by her husband to visit her again. I found the discharge increasing, very offensive, and her health giving way. On examination I found the os uteri about the size of a silver dollar, and as "*hard and as unyielding as an ivory ring.*" I tried to force it to yield, but without success. I used ergot and friction to bring on contraction if possible, hoping that by so doing, with manipulation, I could force my hand through the ring, and remove the child, which I could easily feel; but the ergot had no effect. I stated the case to my patient and her husband, and gave them my opinion that the uterus could never be emptied by any other means than a division of this ring with the knife; to this proposition they would not consent. I tried again to force the os uteri to yield, with no better success. In fact I might as well have tried to dilate an iron ring. I then advised consultation, and Dr. Hood of Fairview was called in. He was an old practitioner, and when he came and had a history of the case, and examined for himself, he frankly told the patient and her friends that he had never seen or read or heard of a case of the kind. I stated to him what I had done, what I tried to do and failed; what I thought should be done if the patient would submit. He agreed with me as to the nature of the case, the impossibility of forcing the os uteri by manipulation and medication; but was of opinion that nature would throw off the child by decomposition, if we would use means to sustain our patient's strength. I thought otherwise, and insisted on dividing the ring and delivering. But in the absence of any authority or precedent to sustain me, I submitted to my senior's opinion, and left the case to nature, assisted by wine, porter, quinine, and nourishing diet. The case progressed gradually, her general health gave way, and in the month of July following she died, one of the most heart rending objects I ever witnessed.

The soft parts of the child all passed away by decomposition, leaving nothing but the dry bones, some of which I removed through the ring before death, but the larger ones could not pass.

He says: "By reporting this case I do not expect to add anything to what has already been written by others; but it is one more case, and in fact the first one in point of date of which he has any knowledge." This case lasted from February to July (five months.)

The next and fifth case occurred in my practice in July, 1863. Although the history of the case is somewhat unsatisfactory previous to my visit; yet in its result, and as regards treatment, will make but little difference. The case was that of an Irish woman, who was very ignorant, as was her husband and midwife. I first visited her July 20th, and from the midwife learned she had been in labor, as she supposed, a week; but the pains had gradually subsided, and for this strange phenomenon I was sent for. I found her weak and sallow, evidently suffering from some prostrating influence. I made an examination and found the os uteri open enough to introduce two fingers, but as hard and as unyielding as *an ivory ring*, and inside of the womb could readily feel the cranial bones, which were separated from each other by decomposition, the rough serrated edges almost cutting my fingers, evidently showing that the case had been one of some duration. The death of the child must have occurred some time before.

I tried to dilate the os by manipulating with my fingers, sufficiently, to get away the loose denuded bones, but was unsuccessful. I gave ergot but with no success—day after day I tried various remedies, but it seemed as though the os was totally incapable of dilatation. She was evidently sinking rapidly. I had never before seen or read of a similar case. I asked and obtained a consultation. Dr. Roach, a very excellent young physician, was called in, and found the case as above stated, and tried pretty much the same means that had already been employed, and with as little success. In consultation I gave as my opinion that the os uteri would never yield, that she was rapidly sinking, and from the absorption of the putrid gases, she would soon die of pyemia if not relieved—and advised cutting the ring and making an opening large enough to relieve her of the putrid mass.

The Doctor thought it hazardous, and as the case was a new and singular one, thought by tonic treatment nature might relieve her by throwing it off by decomposition. I consented, and used the means indicated. She gradually sank into a typhoid condition, and died in four days after my first visit.

Cases of uterine abortion, like the foregoing, are necessarily rare, and as far as I can learn,

always fatal. It seems when the uterine contraction does not take place, or subsides after taking place at the full period of utero-gestation, they can never be awakened again. Why this is so we cannot certainly say, but it seems to be dependent upon the death of the child, and the paralysing effect produced upon the nerves and muscular fibres of the womb by the putrifying child—which renders the normal expulsion of the child impossible.

Although the cases cited differ from the one that came under my observation in point of duration, yet the treatment of all would be the same. From the effect produced upon the mother, and the total separation of the bones of the head in this case, I am led to the conclusion that the child must have been dead some time. There was no secretion of milk, or if there was, I was not informed of it.

We now come to the all important subject, how are cases of "missed labor" to be treated? Dr. Williams, in the transactions of the Obstetrical Society of London, says, as soon as a physician's attention is called to a case of this kind, death of the child, escape of the liquor amnii, and os dilatable, to turn and deliver. In the cases stated, dilatation was impossible, and nothing but a mass of bones to turn. He then said no accoucheur would any more leave a dead fœtus than a putrid placenta in the womb. That he would advise dilatation by the tampon or incising the os. Dr. M. Green, in his case advocated dividing the ring and delivering the child, but as yet no case has been operated on, and as far as the cases have been recorded not one has recovered, and it is to this dark record that I wish to call the attention of the profession, and influence them in trying other means of relieving the patient than the ones heretofore tried. And that is, in incising the os uteri enough to relieve the woman of the putrid mass, conceiving as I do, that a clean incision, and ridding the womb of its poisonous load, would give us better hopes of recovery than to wait for nature to rid it of its contents; especially as in all recorded cases death was the inevitable result, sooner or later, by the expectant treatment.

I am anxious to learn of any other cases that may have fallen under observation, and hope they will be reported.

—— The medical department of the University of Louisiana is also said to be in a very flourishing condition.

## ALCOHOLIC STIMULUS.

By T. B. Smith, M. D.,
Of Cooperstown, N. Y.

(Read before the Otsego County Medical Society.)

Recent researches and experiments *seem* to have shown that alcoholic stimulus, in its primary and essential action upon the nervous system, is to depress, to lessen and paralyze nerve power, partially obliterating or suspending nerve functions. This idea is directly opposed to our preconceived opinions upon the subject. It has generally been supposed and taught, that alcohol, in proper quantities, was a direct nerve stimulant, augmenting nerve force and revivifying the nervous functions. With this view, we have given it as a therapeutic agent to *excite* the failing nervous powers, to arouse and exalt the exhausted vital forces. But it seems we have been mistaken in its action, have misunderstood its *modus operandi*, if the new view be correct.

It is said that the happifying effects, the evanascent brightening of the intellect, the quickening of the perception experienced from imbibing a moderate quantity of alcoholic stimulus, is not directly dependent upon its exhilarating power, but that these sensations are due to its paralyzing benumbing effect upon the nerve centres, thereby partially liberating the soul from its mortal thrall, freeing it from its corporeal fetters. We know that many a "mortal coil has been *fully* shuffled off," under the potent influence of its immoderate use.

From the above view of the action of alcohol upon the system, it would seem that it is not a stimulant at all, in the ordinary acceptation of the term, and that its beneficial effects as a therapeutic agent are due to a directly opposite cause, its depressing influence upon the nervous system, thereby lowering its power upon destructive metamorphosis, the rapid disintegration of the tissues and organs of the body, and consequent conversion into effete matter.

This, then, in brief, is the *rationale* of its action according to this theory. Much of the beneficial effect of alcohol upon the system, as a therapeutic agent, is undoubtedly due to its influence in lessening destructive metamorphosis, retarding the waste of the body resulting from morbid action, as is evidenced by its effect upon the urinary secretion, reducing its specific gravity in a very marked degree. But that this result is due to its depressing effect upon the nervous centres, lowering the nervous functions, is not, it seems to me, so clear.

I think it will be conceded that the primary and most obvious effect of diseased action is upon

the nervous system, lowering nerve force and depressing the nervous function, and that the use of an agent calculated to still further depress that function would be in direct violation of the simplest principles of inductive philosophy, and the most obvious laws of vital action.

In the advanced and latter stages of the typh fevers, when the subtle and mysterious poison upon which they depend has wrought its baleful and exhausting effects upon the system, and the vital powers seem about to succumb to its long continued malignant influence, we arouse and keep alive the feeble vital forces by the judicious use of alcoholic stimulants, we give our patients an "artificial life," until the period arrives when nature and health resume their sway. It should constantly be borne in mind, however, that we can only act upon the excitability or the life already present in the system, and that by administering our stimulants too freely, we may exhaust it long before that propitious result is obtained.

When should we give alcoholic stimulants, and when not give them, in these cases? It is said, according to the theory adverted to, that we should give them to lower nervous action whenever we find the nervous system is exhausting itself and the body by an activity in excess of the other bodily functions.

Now I am not aware that there are any bodily functions that are not nerve functions, that are not dependent upon nervous action. And to my comprehension, diseased nervous action is not increased nerve force, but the contrary; and that we do not give alcohol to depress, but to raise nervous action.

We should give it, then, when the heart's action is weak, the pulse quick, feeble, and unsteady. The tongue dry, chafed, and dark, the mind delirious and sleepless, the hands tremble and the urine is loaded. Should the heart's action be increased in *force*, under its use, the pulse lessened in frequency and augmented in volume, the tongue become less dry, the mind less delirious, the hands less tremulous, and the specific gravity of the urine lessened, we should continue its use, and consider that we were directly adding force to the nervous system by so doing. Should the contrary effects be produced, we should discontinue its administration, for we should conceive that we were wearing out the irritability of the nervous system, exhausting the nervous force, by continuing it.

In all cases in which alcoholic stimulants are therapeutically indicated, there is deficient irregular nervous action, and we give them with a view to raise and equalize that action. And it seems to me obvious, that when the nervous forces are depressed, destructive metamorphosis is increased. In surgical operations, in concussions of the nervous centres, in which the nervous system is overwhelmed, and reaction does not take place, do we give alcoholic stimulants with a view to their depressing effect upon the nervous system? Rather do we not give them to arouse the nervous forces, to assist vital action?

I was called, a few weeks since, to a case in point. A strong muscular man had fallen from the scaffolding in a barn, a height of twelve or fourteen feet, producing a severe contusion of one hip and shoulder, and a violent concussion of the whole system, from which it did not rally. The shock to the nervous centres was so overwhelming that reaction did not come on, and at the expiration of an hour after receiving the injury, he was in a fainting, dying condition. In this stage of the case, after using the diffusible stimulants without effect, I had recurse to alcoholic stimulus, and under its influence he soon rallied, "and nature resumed her sway." Can it be that this result was due to its depressing effect upon the nervous system? Was this man dying from the effects of rapid destructive metamorphosis suddenly taking place, or was it from the sudden shock, the jar of the nervous centres, suspending nerve action? It certainly seems rational to conclude that the latter condition was present, and that stimulants were strongly indicated, to arouse the nervous centres, to set in motion the overwhelmed and paralyzed nerve forces.

These indications are best fulfilled by alcoholic stimulus, and there is no other known agent which can fully supply its place.

## CASE OF DIPHTHERIA.

By James B. Burnet, M. D.,
House-Physician, Bellevue Hospital, N. Y.

Kate O'Donnell, aged four years, came under our notice, for the first time, on a Wednesday afternoon several months ago. Her mother furnished the following facts: the child was taken sick on the preceding Sunday night, and was very feverish. She suffered from much pain in her stomach all night. A dose of castor oil was administered, and the next day she seemed better. For two days before she was taken sick, on Friday and Saturday, she had a troublesome smothering cough, which cough came on again last night. On Monday night and last night, the same severe pain made its appearance in her stomach. Her sister died on Monday night,

with some throat disease, which the attending physician pronounced to be diphtheria.

*Present Condition.* The child's powers of speech are all right. She is not hoarse at all. On either side, the glands of the neck are enlarged, more on the left than on the right side. Her skin is hot, and perspiration profuse. No eruption upon the body can be discovered. Her countenance indicates no serious disease. She does not look very sick. Pulse is 140, very feeble and small. No rāles are heard on auscultation; no bronchitis is to be found. On the tonsils, on both sides, is a whitish-yellow patch, and around it circular inflamed mucous membrane. This patch extends across the uvula. The tonsils are enlarged, and indurated at their posterior portion.

The *diagnosis* made was *diphtheria*, and the *treatment* commenced was a local application to the inflamed parts of a weak solution of bromine, (four to eight drops of the iodide of bromine to the ounce of gum syrup,) and brandy, quinine, beef-tea, and tr. ferri chloridi frequently repeated. Inhalation of steam was also tried for the dyspnœa, but notwithstanding the most watchful care, she sank and died of exhaustion on the third day after she first came under our observation.

*Remarks.* In the treatment of mild cases of this terrible disease, little more is necessary than good nursing and appropriate food. The patient should be placed in a comfortable bed, in a large airy room, from which all visitors should be excluded. Nutritious broths and milk may be given every three or four hours, but the too prevalent, injudicious, and hurtful practice of cramming the patient's stomach, with the absurd idea that the more you put into it, the better is the chance of recovery, should be avoided. In this disease we must take great care of the stomach. Often, when that organ is rebellious, we shall be obliged to support the strength by enemata of strong animal broths. In severe cases, where stimulants are indicated, good brandy and quinine are chiefly to be relied upon. Beef-tea and tr. ferri chloridi in frequently repeated doses, are of great service. For the intense thirst which is often present, mint-julep, carbonic acid water, and cracked ice may be given. If an application is to be used, probably as good an one as any is the iodide of bromine, four to eight drops to the ounce of gum syrup. This should be applied by means of a large soft camel's-hair brush. For the *dyspnœa*, nothing acts better than the inhalation of steam. Gentle opiates given by the rectum will cause sleep at night, in this disease. If tracheotomy is to be performed at all, it should not be deferred too long. One of the most distinguished practitioners of New York city says, that in twenty cases in which he has seen the operation performed, all proved fatal. After the first membrane has been thrown off, never under ten or fourteen days can we be sure that a secondary membrane will not form. The patient should not be allowed to sit up during the disease, as paralysis of the heart is very common, as are also paraplegia, hemiplegia, and sometimes general paralysis. Dr. E. Headlam Greenhow says, "Nerve affections following diphtheria consist chiefly of impaired, perverted, or excessive sensibility, together with a more or less complete paralysis of the muscles of the fauces, pharynx, tongue, lips, extremities, trunk, and neck. The frequency of the occurrence of these symptoms in the several sets of muscles being nearly in accordance with the order in which they have been named, those of the fauces being most frequent, and those of the neck least so."

Paralysis of the muscles of the eye also occurs, and sometimes gives rise to an apparent loss of sight.

Concerning the *treatment* of paralysis from diphtheria, we quote the following from a lecture delivered by Professor John T. Metcalfe, on this subject:

"I have said that, as a rule, the paralysis following diphtheria is prone, by its natural history to terminate in cure. This we may confirm and expedite by the use of digestible nutritious food, by the administration of tonics, by friction and kneading of the paralyzed parts when practicable, and occasionally by the aid of the galvano-electric current. It is well understood that pure air and proper exposure to sunlight are not to be omitted.

"I think highly, among the tonic remedies, of the syrup of the phosphates, or, what it has been fashionable with some to call, chemical food. It is readily taken, agrees well with the stomach, and gives us all the results we should, *à priori*, expect from its composition. Among tonics of the vegetable class, I prefer strychnia to any other. I do not know that it is better than nux vomica itself; but the invariable composition of the pure alkaloid or its salts enables us to regulate the dose with perfect accuracy. I usually write for

| | | |
|---|---|---|
| ℞. | Strychniæ, | gr. j. |
| | Acid nitric. dilut., | f.ʒj. |
| | Aquæ, | f.ʒvij. M. |

"Each minim of this solution contains the one-four-hundred-and eightieth part of a grain of the

salt. To a child of three years, I would give from three to five drops in a dessert-spoonful of water, three times a day.

"The beneficial effects from change of air and sea-baths are not less strongly marked in convalescence from diphtherial paralysis, than from other adynamic conditions. The treatment I have thus indicated is not complicated. It is easy to remember, and, I believe, embraces nearly everything that is essentially necessary."

# Hospital Reports.

Pennsylvania Hospital, *February 20th*, 1867.

## Clinic of J. M. Da Costa, M.D.

Reported by Dr. Napheys.

### Signs of Vomica following Pleuro-pneumonia.

Clara R., æt. 23. Clinically this is a very interesting case. Though no doubt is permissable with reference to the physical phenomena in a case of this kind, there is a certain amount of doubt in regard to their association. This girl, who is now comparatively well, was at one time very sick, almost in a dying condition.

She was always healthy and strong, until the early part of the autumn of 1865, when after a slight exposure she suffered from a hacking cough, which lasted, growing gradually worse, until her admission to the hospital, January 22d, on which day she was seized with sharp pains on the left side, accompanied with great oppression of breathing. On admission, she presented the physical signs of pneumonia and pleurisy, including rusty colored sputa in small quantities. The pleurisy involved nearly the whole of the posterior portion of the left lung, while distinct pneumonia crepitus could be heard within.

On the 1st of February, Dr. Da Costa found this girl breathing from 40 to 50 times a minute, with rapid pulse, very weak and cold, with a tendency to moisture. The most marked dulness on percussion was found throughout the whole of the left side; below there was an absence of vesicular murmur, and a want of vocal fremitus, in truth all the signs of a large effusion into the pleura; while above there were signs of more blowing breathing and râles. In addition the heart sounds were very feeble, and the increased dulness on percussion in the cardiac region left no doubt that there existed pericardial effusion. Everything was being done to sustain her strength; she was taking an ounce of whiskey every hour and a half. The case was so threatening that it was resolved, if the symptoms did not yield, to penetrate the pleura, and let out the fluid. She was, however, placed on iodide of potassium, five grains every fourth hour, stimulation was kept up, and a large blister placed on the left side. The kidneys acted freely. Gradually a change took place for the better, the percussion dulness lessened, the breathing became very much less oppressed, and it was very evident that the effusion was disappearing not simply from the pleura, but also from the pericardium. The stimulating treatment here was imperative, because of the struggling action of the heart. Excellent results were achieved from the absorbent effect of the iodide of potassium, and the counter-irritant and absorbent effect of the blister.

Now the respirations are 30, the pulse 100 and gaining in volume. Heart sounds are distinct. There is entire clearness on percussion on the right side anteriorly, but on the left side anteriorly there is a tympanitic resonance, mixed now and then with a cracked metal resonance. Posteriorly, the difference between the two sides is not, comparatively speaking, so marked; there is diffused dulness over the whole of the left side, and very low down the sound becomes flat. Auscultation; right side, anteriorly, puerile breathing, rather harsh at points, posteriorly, a few râles toward the edge of the scapula. On the left side, anterior'y, there is a distinct creaking friction sound at the upper portion of the chest, which has existed now for about two weeks, though in various degrees, imitating all the various modifications of the friction sound which the reabsorbing pleura is apt to present, but in addition, a distinct, hollow breathing of low pitch, cavernous in character, is perceived, and when she speaks, particularly when she whispers, a distinctly transmitted voice of hollow character is heard. She has the physical signs of an excavation in addition to the friction phenomena, indicative of absorbed fluid and roughened pleura.

Granting that this was a case of pleuro-pneumonia, of which there can be no doubt, and that treatment has achieved what was expected of it, what is the present condition of the lung, what is the explanation of the extraordinary signs of hollow breathing, hollow voice, râles, and whispering pectoriloquy underlying these friction sounds? Has there been here an abscess of the lung, or has this pleurisy and pneumonia taken place in a tubercular patient, or are the signs merely the result of peculiar physical condition, without a cavity? The point is a very interesting one, not simply as a mere discussion in clinical medicine, but as being of most vital importance to the patient, influencing the treatment.

Of the existence of the signs of an excavation there can be no doubt. It is stated in some books that tympanitic, nay, even amphoric resonance on percussion occurs in cases of pleurisy more particularly at the apex of the lung, but no one has ever said that it existed with cavernous breathing and whispering pectoriloquy, which phenomena can only be accounted for by supposing that an excavation exists, or at all events that consolidation exists around a large bronchial tube. Moreover even in these instances of pleurisy, in which a distinct amphoric or tympanitic resonance is obtained at the upper portion of the chest, the amount of fluid is always considerable. Here it is met with as the fluid is being rapidly absorbed. The fact of its occurrence at this time sets at rest any possible explanation based on the phenomena being part of any pleurisy. Therefore the case is one of an excavation, or signs of excavation, in the upper portion of the left lung, existing in

an attack of pleuro-pneumonia. The point of doubt which exists, is, whether the patient has had a pneumonic abscess following consolidation or a tubercular cavity.

It can hardly be assumed that the physical signs here denote a tubercular excavation, simply because it is scarcely conceivable that there should be tubercular disease on one side so marked as to give distinct signs of an excavation, with the patient improving in strength, with her breathing becoming less and less embarrassed, and the other lung presenting the sounds of perfect health. Taking these facts into account with the additional ones that the signs of a cavity are becoming less distinct, the cavernous breathing being far less obvious, and the tympanitic resonance far less readily produced than they were a week ago, there is every reason to believe that the excavation here produced is not due to tubercular softening.

If this view of the cases be correct, if there has been here pleuro-pneumonia, a consolidated lung, we can conceive of two explanations of the phenomena; part of this consolidated lung has broken down and produced a small abscess or cavity, or else the consolidation exists around a bronchial tube, and there are peculiar physical conditions present which without a cavity existing, produce signs of a cavity. But first, the question may be asked, how then account for the fact that these signs showed themselves so much at the apex, and for the hacking cough which has existed so long? It is quite possible that latent tubercles have existed in this lung, particularly at the apex, inviting the pneumonia to this spot, as often happens. When pneumonia occurs at the apices of the lungs, there will frequently be a previous history of latent tubercles, and in after years a developement of tubercles in that spot. But though this is possible, it is certain that no tubercle to any extent exists, and the pneumonia may have happened at the apex without preëxisting tubercle. Now as regards the physical signs being due to consolidation, probably around a bronchial tube and without a cavity, the absence of expectoration to any extent favors this view. Moreover the thermometer has been placed in the axilla every night, to determine the heat of the body. As yet it shows marks between 99 and 101¼ degrees, a temperature not elevated to a considerable degree, and not more so than can be accounted for by the remains of the febrile phenomena present. But should it continue to be thus elevated when the patient gets about, it might be the turning point in the diagnosis, and lead to the belief that there exists a real wasting of the lung whether from a tubercular abscess or not.

In regard to the treatment, the iodide of potassium and blister had a prompt effect. The patient was dying, though she was being stimulated, and it was only when the absorbent and counter irritant effect of these remedies made themselves obvious that improvement began. There is now nothing to be gained by continuing these remedies. The dulness having diminished the respiration become distinct, the breathing ceased to be embarrassed, and the pulse being no longer accelerated, there is no necessity for their further use, as there is so little left to be absorbed. The indications now are for a supporting and very nourishing treatment, with a stimulation of the secretions of the kidneys in particular, to pass away what may still remain of matter, which needs to be thrown out of the system. She takes juniper tea, a pint daily, and six ounces of whiskey, which will be gradually reduced as her food is increased. She is also taking two teaspoonfuls of cod-liver oil three times a day, which will be increased when the state of her stomach will admit of it, and iodide of iron.

[At a subsequent clinic this patient was shown almost well—the physical signs of a cavity at the apex had disappeared. There had been no copious expectoration.]

### Eczema Capitis.

This woman was admitted on the 27th of December, on account of eczema of the scalp. Her head was one mass of incrustations. On the right arm there was also perceived an eruption, similar in character to that on the head, but it has never been marked on the arms. The case has been a very inveterate one. She says this was the first attack, and that it came on without any apparent cause. Eczema of the scalp is rare in adults, though occurring frequently in children.

She was placed at first on the solution of the arsenite of potassa, and locally on the benzoated ointment of zinc, without any other than a temporary improvement. But she has been improving rapidly within the last ten days, under the use of the ointment of iodide of sulphur, ten grains to the ounce, the scalp having been first shaved and poulticed to remove the scabs. It is an essential pre-requisite to remove the scabs by poultices, so that the applications shall come in direct contact with the diseased surfaces. If the ointments be merely rubbed into the hairy scalp, no result will be obtained. Internally she takes ten grains of chlorate of potassa in two drachms of compound syrup of sarsaparilla, three times a day.

The iodide of sulphur makes a valuable alterative and stimulating ointment, the strength of which can be increased to twenty grains to the ounce, well rubbed in, morning and evening. The part should be poulticed from time to time to prevent scabs from forming, and contact with the air prevented by wearing an oil-skin cap. Fatty and salty articles of food, and those difficult of digestion, should be avoided. The compound syrup of sarsaparilla containing senna will be apt to regulate her bowels.

### Neuralgia.

James R., æt. 36. For eight years he has been attacked with violent pain, shooting from in front of the left ear to the top of the head, not seeming to pass from one place to the other, but skipping the intermediate points. The pain is so severe as for weeks to prevent him from doing anything. It is not constant, he has been for three months without it. During the attacks of pain, there are exacerbations, it being worse at night, and there being times in the middle of the day when he is entirely free from pain.

His general health is good, but he is generally,

however, of costive habits. Tongue clean, appetite good. He had chills and fever when a boy, but not since. Never had any venereal taint. Never had scurvy. His father died at an advanced age, and there is no hereditary disease. He had, however, an older sister, who also suffered a good deal of pain in the temple. His mind is as clear as ever, and his memory unimpaired. He has been subject to attacks of giddiness, even when he has had no pain, since he was twenty-one years of age. He sleeps well at night, except when disturbed with the pain. There are no cerebral symptoms, excepting the vertigo, which probably depends on the fulness of the bloodvessels produced by his constipation. It is a case of pure neuralgia, cause unknown. The nerve involved is probably the auriculo-temporal branch of the inferior maxillary. It cannot be assumed to be the seventh, for although sensory fibres have been discovered in many nerves where their existence was not anticipated, yet there have been none found as yet in the portio dura.

He is being treated by hypodermic injections of atropia, 1-50th of a grain, thrown in near the affected spot, and internally by bromide of potassium.

# Medical Societies.

### The Proceedings of Medical Society of Harford County, Maryland.

The Medical Society of Harford County held its regular meeting in Belair, on Tuesday, Aug. 13, 1867.

In the absence of the President, the Chair was filled by the Vice-President.

The minutes of the previous meeting were read, and before a vote upon their adoption was taken, Dr. Forwood drew attention to the unconstitutionality of an amendment to an amendment of the Constitution, which was adopted at the last meeting; the said proposition not having had the required three months notice. The supplementary amendment being null and void, and being regarded, also, upon consideration, as unnecessary, it was ordered to be stricken from the journal of the Society. The minutes were then unanimously adopted.

Dr. John C. Polk having been proposed for membership at the last meeting, was, upon ballot unanimously elected.

The committee appointed at the last meeting, consisting of Drs. Lee, Thos. H. Roberts, and Wm. J. Evans, to express the sense of this Society in regard to the law passed by the late Legislature respecting the crime of unlawful abortions, was called upon to report.

Dr. Lee stated that as the law had been set aside in this county, since our last meeting, he had not supposed it necessary to make any report; and therefore asked to be discharged.

Dr. Forwood opposed the discharge of the Committee on the ground, that in view of the fact that inasmuch as the board of physicians which had been organized under the law, in this county, had resigned their office, and that the said board was chiefly composed of members of this Society, it was due to the profession of the county and State, that we, the only organized body in the county, should fully set forth our reasons for non-compliance.

The Committee was continued by a unanimous vote, and requested to report at the next meeting.

All the members present, who had not previously done so, now paid their assessed tax of one dollar toward defraying the expenses of printing.

As one of the Delegates to the American Medical Association, Dr. Forwood stated that he had a lengthy report of the proceedings of the meeting of that body; but in consideration of the fact that the Medical and Surgical Reporter had already given a very full and correct report of those proceedings, to which journal several of our members were subscribers, it seemed almost useless for the report to be read.

As, however, several members requested to hear the report of the delegate, it was read; and upon motion of Dr. Lee, was accepted with the thanks of the Society.

Dr. Forwood then stated that he had just received from Dr. G. W. Archer, since the opening of the meeting, a biographical sketch of his grandfather, Dr. John Acrher; and, at the request of the Society, the same was read. The Society, on motion of Dr. Forwood, passed a vote of thanks to Dr. Archer, for his interesting sketch of one of the most celebrated physicians, and one of the most trusted public men in this county at the end of the last century, and ordered the sketch to be placed on the records of the Society. In addition to the well-known services of Dr. John Archer in medical and political life, the profession will be interested in knowing that he was the first individual who ever received a medical diploma in this country; having graduated in 1768. (The said diploma was exhibited at our February meeting, and noticed at the time.) The sketch will probably be submitted for publication at a future day.

Dr. Forwood informed the Society, that in accordance with the instructions given at the last meeting, he had this day placed the Constitution and By-Laws, Code of Ethics, etc., in the hands of the printer, Mr. Bateman, for printing in pamphlet form; and that printed copies would be ready for delivery on or before the next regular meeting in November.

It was proposed that the President appoint a lecturer to open a subject for discussion at the next meeting. Dr. Sappington moved that Dr. Forwood be so appointed, which motion was seconded by Dr. Cochran, and adopted by the Society. Dr. Thomas C. Hopkins suggested that Diphtheria be the subject, which suggestion was agreed to.

It was then moved and carried, that Dr. Finney be requested to lay his views upon the subject of Hysteria before the next meeting of the Society.

Dr. Lee offered a resolution requesting that a committee be appointed by the Chair, to wait upon the County Commissioners for the purpose of ascertaining what appropriation they may be willing to make toward paying for the medical attendance of out-paupers who are supported by

the county. The resolution was unanimously adopted, and Drs. Lee and Magraw appointed the committee.

It is notorious that physicians have been obliged to attend out-paupers without compensation, thereby keeping many out of the Almshouse, who, without such gratuitous attention, would be compelled to go there and add to the expenses of the county. While ample appropriations are made for other laudable purposes, it would appear that a small sum set apart for the relief of human suffering would not be altogether misplaced.

The business before the meeting having been transacted, the Society, on motion, adjourned.

W. Stump Forwood, *Secretary.*

# Editorial Department.

## Periscope.

### Local Application of Water.

The following simple and ingenious suggestion for topical water-dressings, is made by Dr. J. L. Prentiss, in the Transactions of the Kansas State Medical Society:

"A rubber bag of the required dimensions, made with the two surfaces attached at intervals, so that when filled with water the thickness will not exceed one-fourth of an inch. To one end of this quilted bag is attached a rubber tube as long as necessary, connected with a pail or other reservoir of water. To the other end of the bag is attached another tube with a stop-cock to regulate the flow of the stream, and leading to a receptacle for the waste water.

"By this means you will perceive that a thin sheet of water may be placed directly over the part without coming in contact with it, and also that the temperature of the water may be kept even by a continual change through the supply and discharge tubes. As to the moisture, I have usually applied a wetted cloth over the injured or diseased part, and if the application be a cold one, a sufficient amount of the insensible perspiration or vapor of the air will condense upon the appliance to keep the part moist.

I have described this rubber bag with tubes attached, because it was the first that I made and used, but I have since adopted an apparatus more easy of construction, and I think equally efficient. It consists of a light rubber tube about seven or eight feet in length, (longer or shorter as necessary,) coiled in the form of a lamp-mat to the desired dimensions, and retained in shape by means of light cords extending from the centre to the circumference, and tied around each coil, one end of the tube (from the centre) being left of sufficient length to introduce into a pail of water, and the other from the periphery, with a stop-cock attached, extending to the waste pail.

By means of a current of water through this coil, any desired temperature may be produced and maintained. The smallest sized tubing is the best, and may be obtained at the trifling expense of 15 cents per foot."

### The Malarial Miasm in Non-malarial Diseases.

Dr. C. C. Shoyer, in the Transactions of Kansas State Medical Society, makes the following remarks on this subject, which our readers in the South and West will readily appreciate:

"In Leavenworth there is a tendency for diseases to merge into a periodical form; I do not wish to be understood as denying that it may not prevail in other parts of the State, for I believe it does; a better way of expressing myself would be to say that periodicity complicates non-malarial diseases. You find it in treating pneumonia, pertussis, bronchitis, diarrhœa, dysentery, dentition and the eruptive fevers. If you perform a capital operation, as an amputation of the thigh performed by a surgeon of this city, you are apt to encounter a sympathetic fever, that will only yield to quinine pushed to cinchonism; the same holds true of minor operations; for in a case of hemorrhoids that I operated on, assisted by Dr. Carpenter, pains of such intensity came on in the abdomen, after the operation, that it suggested peritonitis, especially as there was vomiting, extreme tenderness to pressure, constipation, etc.; but there was wanting the characteristic pulse, and peritonitis, except in the puerperal state, is a rare disease. Watching closely, Dr. C. and myself noticed a periodical tendency, and quinine cured the alarming symptoms. You treat cephalalgia, neuralgia, myalgia, and even rheumatism, better and more speedily if you combine with, or administer simultaneously, the great specific and your other remedies. I have in mind a case that I saw in consultation with three other physicians, a case of great interest and danger—chronic dysentery—which resisted in turn all the remedies exhibited, but upon adding quinia to our treatment the case at once improved, and recovered in a very short time."

### Chlorate of Potash in Vesical Catarrh.

Few diseases are more annoying, alike to physician and patient, than old cases of catarrh of the bladder. Dr. S. F. Starley, of Fairfield, Texas, has tried to some extent, and with encouraging success the chlorate of potash. He thus records his experience in the *Southern Jour. of the Med. Sciences.*

The patient was an intelligent lady, of high nervous sensibility, aged about twenty-six years. The disease appeared soon after her first confinement, and I suppose resulted from prolonged pressure of the child's head against the neck of the bladder, as she informed me that her labor was a very protracted one. The affection was of more than twelve months standing, when she placed herself under my care.

Desparing of success with the usual remedies, I determined to test the effect of chlorate of potash, injected into the bladder. Accordingly, I prepared a solution of the strength of ʒi to ʒviii of water and injected four ounces of it into the

bladder, directing the patient to retain it for half an hour. It gave scarcely any pain, and at my next visit I found that my patient was better than she had been for weeks, and that there was less mucus deposited in the urine. I then injected six ounces of chlorate solution, and directed her to retain it as before. The next day I found her still more improved, and as the bladder was found to be perfectly tolerant of the remedy, I directed her to retain it for one hour. By my next daily visit, she had experienced an amount of relief that rendered her buoyant and hopeful. After continuing this treatment for a few days longer, she was able to bear a specular examination of the cervix uteri, which was found to be in a state of granular erosion. This was cured by a few applications of the nitrate of silver crayon. The injections of the chlorate solution were continued daily for about two weeks, and afterwards once in two or three days, all other medication being suspended, in order to test the efficacy of the chlorate. The patient improved steadily under this treatment, and in one month from the time it was commenced was quite well.

# Reviews and Book Notices.

**A Treatise on Emotional Disorders of the Sympathetic System of Nerves.** By William Murray, M.D., M.R.C.P., Physician to the Dispensary for Sick Children, etc. New York: A. Simpson & Co. 1867. 8vo. cloth. pp. 95. *Price*, $1.50. For sale by Lindsay & Blakiston, Philadelphia.

In one of his Essays, Emerson speaks of a friend, who when in usual health was a Universalist, but during certain periodical returns of liver disease changed to an old fashioned Calvinist of the gloomiest dye. This is the moral of Dr. Murray's thoughtful treatise. He aims to establish two propositions: that the emotions injure the health by affecting the viscera through the sympathetic nerves; and inversely, that disordered states of the viscera induce emotions, by causing abnormal action of the sympathetic system. While he cannot be said to bring forward many new facts, he certainly has marshalled many curious and puzzling physiological and pathological occurrences in as novel and effective way. He acknowledges that the actions of the cerebro-spinal and sympathetic system are so closely allied and so very difficult to distinguish, that it is premature to decide on their more specific effects. In a general way he has ably sustained his thesis, and in his practical remarks on the therapeutics of the emotions, the necessity of treating them when they are violent and dangerous, as much, and often more, by physical than by moral means, are most judicious, and most worthy the attention of the profession.

The book is the first we have seen from the new publishing house of Simpson & Co., who promise to enrich our medical literature with other and valuable additions. It is an agreeable duty, therefore, to inform our readers that the paper is fine and clean, the type excellent, and the proof reading carefully done. It is every way creditable to the firm.

**A Treatise on Human Physiology: designed for the Use of Students and Practioners of Medicine.** By John C. Dalton, M. D., Professor of Physiology and Microscopic Anatomy in the College of Physicians and Surgeons, etc. Fourth edition. Revised and enlarged with 274 Illustrations. Philadelphia: H. C. Lea. 1867. 1 vol. 8vo. pp. 695. Cloth.

In many respects Prof. Dalton's Physiology is the best before the American public, and a new edition will be gladly welcomed by numerous students of that highest of sciences. The present edition has been thoroughly revised and largely augmented. Much of great importance has been drawn from the comparative physiology of the lower animals, a number of new facts on the circulation, on muscular action, and histology, are introduced, and especially the section on the Nervous System has been in great part rewritten, giving almost an entirely new position to our knowledge of some of the most important parts of the cerebro-spinal axis. The remarkable perspicuity with which some of the most recondite functions are described, the happy faculty of illustration enjoyed by the writer, and the *suggestiveness* which marks the book, render it one particularly adapted to engage the attention, and awaken the interest of students. The clear type, and carefully prepared illustrations, a number of them new, are also most commendable.

In some other respects it is rather a book for the cultivated physiologist than the beginner. There are a number of minor physiological actions, which the tyro should understand, scarcely or not at all mentioned by Professor Dalton. For example, the voice and speech, lactation, the ductless glands (except the spleen), eructation, defecation, and emesis, are all inadequately treated, so far as the student is concerned, and some of the chapters presuppose a knowledge of the subject, unfortunately rare in our medical schools.

—— The Wisconsin State Medical Association have resolved neither to admit nor retain as members those who are in any way concerned in producing abortions.

Medical and Surgical Reporter.

PHILADELPHIA, AUGUST 24, 1867.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

## PARACELSUS, THE REFORMER.

An expression used in a book notice in the Reporter some weeks since, to the effect that Paracelsus was to medicine, what Luther was to theology, has called forth from correspondents something like a challenge of its correctness. Not this alone, but a desire to defend the much maligned character of one of the fathers of modern medicine, leads us to give a sketch of his personal character and teachings.

Born in 1493, he was the only child of parents both of whom held respected positions in the medical world—his father being a practitioner, and his mother superintendent in the hospital attached to the monastery of Einsiedeln. Educated in the traditions of the old school of medicine at the University of Basle, his earnest love of knowledge was not content with the dusty maxims of antiquity, but sought in wide travel and in intercourse with scholars and alchemists, shepherds and executioners, from every source, in short, whatever threw light on the healing art. When thirty-four years of age, he was appointed professor at the University of Basle, and at once struck out with all the daring originality of his disposition. As Luther burnt the Pope's bull at Wittemberg, so Paracelsus solemnly commenced his introductory lecture by the not less sacrilegious act of burning the Summary of Medicine of Avicenna. And instead of using the Latin, he had the unparalleled audacity to talk throughout in German. "I want you to know," he said to his astonished pupils, "what a physician ought to be, and I want the people to know it, so I shall lecture in German." And he went on to tell them, in no ambiguous words, that he who knew nothing but Galen and Avicenna, was no physician at all; that "a physician should know why he gives a remedy, and not forever dance after the fiddling of those old fogies." "The best preceptors," he told them on another occasion, "are the body and nature. Study these, read these, and not your own notions. Don't draw your practice from your theories, but your theories from your practice. Reading never made a doctor, but *practice;* reading is nothing to practice, but a footstool and a dust-brush. Why do you run after this and that professor? Your two eyes, if they delight in learning, let these be your professors."

Then, again, he attacked severely the mean custom prevalent then, (but of course quite obsolete now,) of physicians conniving with apothecaries and sharing their profit on drugs. Following up this vein, he inveighed against the folly of the polypharmacy so much in vogue at that time, and sought with all his might to direct attention to simple, indigenous, and cheap remedies, such as he occasionally found among the people, and was the first of moderns to write upon the virtues of medicinal springs, so abundant in Germany. "The longer the recipe," he says on these subjects, "the less it is worth." "Where you find a disease, there search for a remedy."

Rejecting the absurd doctrine which ignorance and prejudice still assign to us, that *contraria contrariis curantur*, he proclaimed, though in a somewhat inarticulate manner, that disease was a departure from a normal condition, and not a thing in itself, the same doctrine which, purified and elevated by modern science, the eloquent Dr. Chambers has so beautifully stated in "The Renewal of Life." Therefore he divided the materia medica into specifics and alleviatives, as is now practically accepted by all. He enriched it with many valuable preparations, as the mercurials in syphilis, and tincture of opium. As a consequence of this great principle, he denied the distinction his contemporaries sought to set up between surgery and medicine, and bitterly opposed those who then, like many now-a-days, sought to make specialties of this or that branch. "Let no sect arise in medicine," he says, "for one and single is the science." Even the historian Sprengel, one of his blindest enemies, confesses that "in the history of surgery, Paracelsus made the most important epoch."

This is but a very meagre outline of the doctrines of this remarkable man. With what marvellous insight he saw the true course for medicine to take, few have appreciated until now. What an uproar they caused among the venerable Galenists and Sangrados can scarcely be conceived. No name was too hard for them to use, no accusation too vile, and it is said that his death, at the early age of forty-eight, was brought about by their hatred.

Paracelsus' temperament was not of a kind to conciliate them more than his doctrines. He was sanguine, enthusiastic, scorning perhaps too much the amenities of life, unsparing in his tongue, and with a wonderful command of homely, caustic language. "I am not one of your fine-spun dandies," he says, "it is not my style, nor the style of my country. I was not raised on

figs, and mead, and wheat bread, but on cheese, and milk, and oat-meal."

His rivals accused him of almost every vice. They said he was a drunkard, but the accusation, when traced to its source, is found to come from his bitterest enemy, the bookseller Oporinus. They called him a sorcerer, possessed of the devil, a dealer in the black art. But he composedly replied, "Let them talk. The Jews accused Christ of all these things long ago. Whatever seems magical, look for its cause. Be not deceived by the art of divination and such like. They are all uncertain trickeries." That he was honest and unselfish, that he was conscientious to his patients, of remarkable skill in the treatment of disease, and kind to the poor, none have denied, and although unmarried, so austere was his chastity, that his enemies consoled themselves by circulating the absurd story, that when a boy, a sow had bitten off his organs of generation!

Though in the midst of the exciting scenes of the Reformation, he seems, like his good friend Erasmus, not to have taken an active part in the new views, and probably died a Catholic. But he was an earnest reader of the New Testament, and repeatedly expressed his veneration and love for it. He left probably the smallest, and for its size, the most valuable library of any doctor. It contained only the New Testament, a Concordance, and St. Jerome's Commentary on the Evangelists,

In the romantic environs of Salzburg manifold beauties claim the eye. But on a visit once to its famed site, we saw no objects of greater interest than an ancient grey house marked by an inscription as that in which the distinguished Doctor Theophrastus Paracelsus died, and a marble slab in the Church of the Brüderhaus, on which is inscribed the homely epitaph: "Here lies Phillip Theophrast, the renowned physician, who removed those dire evils, leprosy, gout, dropsy, and other incurable defects of the body, with wondrous skill, and honored his calling by distributing his goods to the poor. On the 24th of September, 1541, he exchanged life for death."

## THE RAIN-FALL OF 1867.

The immense fall of rain that we have had this year is worthy of passing note, aside from its probable effect on the public health.

The rain-fall of the first seven months of this year has been 36.50 inches, and that of the month of August, to Saturday the 17th of the month inclusive, was 14.85 inches; that of the week ending on that day having been 7.291 inches, and for the 24 hours ending at 12, P. M., Thursday, Aug. 15th, 6.680 inches!

This is an extraordinary record, as will be seen by the following statistics, for which we are indebted to the N. Y. *Evening Post.* The mean annual fall of rain and snow from 1836 to 1854, was 42.23 inches. In 1855 the precipitation in rain and melted snow reached 57 inches; the next year, 46; the next, 57; and for each of the succeeding four years till 1861, about 50 inches. In the next three years it varied widely. In 1865 it reached nearly 57 inches, and last year 48. The tables show the average annual fall of rain for 30 years, from 1836 to 1866, to be 44.62 inches. The average for the past 13 years is 48.11 inches. But since the heavy storm in October last the fall has been almost unprecedented, namely, in ten months 48.57 inches. The current year has been remarkably wet. But the excess of the present year over the last may be more clearly stated in this way:

| | |
|---|---|
| Rain-fall in 1867, first seven months..... | 36.50 inches |
| Rain-fall in 1866, first seven months..... | 27.04 inches. |
| Excess in 1867..... | 9.46 inches. |

If the rain-fall during the remaining five months of the current year should prove equal to that of the corresponding months of 1866, it will amount to 57.68 inches, a larger amount than has fallen in any one year within the memory of man. But if it should continue to fall for the coming five in the same proportion as during the past seven months, the precipitation in rain will be 62.57 inches, or 5 feet 2½ inches for the entire year, or 5.07 inches more than has ever been known to fall (in New York) in the same length of time.

One effect of this heavy fall of rain, and a very important one to the material interests of the country, is the extraordinary crops which have been realized, being the heaviest ever gathered in our country.

It remains to be seen what effect it will have on the public health,—whether the earth being so thoroughly saturated with water, the hot days of the remainder of the season will not cause an evaporation that will develop unhealthy miasms, which will cause sickness. The water supply of our large towns and cities must, for a time, be rendered quite unwholesome, from surface washings and vegetable and other impurities. On the other hand, the streets have had a thorough cleansing, an immense amount of filth and garbage having been washed away by the heavy rains. The good results of this cleansing of the streets will undoubtedly do something to coun-

terbalance any evil results from the causes enumerated above.

## THE PUBLIC HEALTH.

We have to report an increase in the prevalence and fatality of yellow fever in the Southwestern States. In Galveston, Texas, the violence and fatality of the disease has become fearful. Twenty deaths occurred on the 12th, 31 on the 13th, and 29 on the 14th inst. On the 15th there were 21 burials. There were over 1000 cases of fever in the city. On the 15th the hospitals were filled to overflowing with patients, and the managers were calling for extra help to nurse the sick. The Internal Revenue office had been closed, all the employés being down with the fever.

A committee sent from Houston to Galveston report as follows:

"That from the best information we could obtain, there had been, up to the 1st inst., from 125 to 130 cases of the disease in the city, out of which number 20 to 25 have died; and at the date mentioned there were then on hand about 100 cases, including those in hospitals as well as those in private practice; that the malady first made its appearance among the destitute classes of inhabitants, but has since found its way to, and is spreading through the better circles of society. Its march, though slow, has been steady, and we have no hesitation in saying that the disease is at this time epidemic. While we do not regard the type as a very mild one, yet the cases generally yield very readily to prompt treatment. But we are free to confess that we have reasons to apprehend that it may assume a more virulent form as it progresses. That as to the local origin of the Galveston fever, we do not find the facts collated sufficiently systematic or satisfactory to enable us to arrive at a positive conclusion; but it was the prevalent opinion with the members of the Faculty, with whom we conferred, that the disease was not introduced, and that it germinated in that city."

The disease is reported also at Corpus Christi, Texas, New Iberia, La., and Pensacola, Florida. At New Iberia the disease broke out suddenly, and was very fatal. On the 8th three of the physicians were sick; and some from the vicinity, who had been rendering temporary aid, had been called home. Help is urgently called for, both physicians and nurses being needed,—and will be thankfully received through the Howard Association of New Orleans. In New Orleans the disease continues, but is not very fatal, so far.

The cholera seems to have abated considerably on our Western frontiers. In Sicily, and throughout Italy, it is committing serious ravages. In Sicily 3333 deaths were reported for the week ending July 24th.

## ANIMAL GRAFTS.

A brilliant French novelist not long since wrote a curious tale, recently translated for the American public, with the original title "The Man with the broken Ear." The plot was based on the scientific truth that viability in the part and system can be retained when function ceases,—that what we call *life* is but function in action.

Plastic surgery recognizes this life in a part, and grafts one portion of the body on another, or replaces a portion of a nose or a finger when lopped off, and witnesses its continued growth. In lower animals this principle is more astonishingly developed. Cut a polyp into a dozen pieces and each fragment will develope itself into an independent and perfect type of the species. A French naturalist, M. Vulpian, cut off the tails of tadpoles, and saw them not only live but *grow* for ten days, indifferent to all theories of nervous centres, digestive apparatus, or circulatory systems. But the member that seems to have the strongest dose of the "vital principle," is the tail of a rat. This is the very ideal of life, and here, if anywhere, we ought to locate the seat of vitality. The following experiment was made by Mr. Bert. He dried a rat's tail under the bell of an air pump, and in immediate proximity to concentrated sulphuric acid, so as gradually to deprive it of all moisture. Then he placed it in a hermetically sealed glass tube for five days. At the end of this time he subjected it for a number of hours to a temperature of 98 degrees centigrade in a stove, and subsequently sealed it a second time in his tube. Four days more having elapsed, he united this tail by its cut extremity, to the freshly cut stump of a living healthy rat, and quietly awaited the result. His success was as complete as it was marvellous. It commenced to expand and perform the natural duties of a tail, and three months afterwards, he demonserated by a second amputation, and a careful injection, that it was furnished with proper vessels and was a living part of the second rat!

What rich lessons practical surgery may learn from such experiments, can be imagined. A careful anatomist has transplanted a fragment of bone from the skull of one rabbit to the skull of another, and found it form adhesions and replace the lost portion perfectly. A piece of periosteum taken from a rabbit twenty-four hours after death, grew and produced bone when grafted neatly on a living animal of the same species. Nerves also have been removed from one body to another with success, and some very singular results noticed where a portion of a motor was excised and supplied by a fragment of a sensory

filament. The diseases to which grafted members are subject, after they have been exposed to certain reagents, are also full of hints for the pathologist and the physician. But we must refer our readers, curious on such matters, to the papers of the writers mentioned.

# Notes and Comments.

### Chloroform and Ergot in Obstetric Practice.

We are glad to say that the *lengthy* communications on this interesting and important subject are drawing to a close. If our Zanesville disputants could have confined their remarks to half the space we should have been glad. As it is, however, we hope that good will result from the discussion, which has been conducted on both sides with ability, and in the main in a good spirit.

Dr. Geo. W. Haldeman of Newville, Pa., in a business note writes:

"I cannot refrain from remarking, that my experience in the use of '*Chloroform and Ergot in Obstetric Practice*,' fully corroborates all that has been said on the subject by Dr. Hildreth, of Zanesville, Ohio. I began to try for the purpose of testing, the 'practice,' about three years since, and now like it so well, that, during the last year, I have not gone out of my office to see a case of confinement, without first providing myself with a few ounces of *vinum ergotæ* and *chloroformum*; and I am sure, as a recompense, I have at least gained much valuable time and a great deal of comfort, for myself as well as my patients."

### Charlatanism Exposed.

A correspondent has kindly furnished us with evidence of the charlatanism of Dr. T. S. Up De Graff, of Elmira, New York, from whose pen we admitted an article into the columns of the Reporter some months since. It seems, from documents before our eyes, that he is in the habit of travelling about the country, heralded by handbills and certificates of cure, and that he publishes a monthly paper as an advertising sheet.

We can only say now, that we regret that we were misled into the publication of an article from his pen, and that had we been aware that he was guilty of these reprehensible and uncalled for practices, his article would have received no consideration at our hands.

*Let our subscribers furnish us with lists of the regular practitioners in their neighborhoods, and post us in regard to the quacks, and we will be less liable to be deceived.*

### The Palmer Limb in Europe.

Dr. B. Frank Palmer of this city, manufacturer of artificial limbs, was not an exhibitor at the *Exposition Universelle* at Paris, this year. He was content to rest on laurels won at former "world's fairs." Instead of sending models to Paris, he by special request sent some to Berlin, where they gave such satisfaction that the "Palmer Limb" was immediately adopted for the Prussian Army and Navy, and the return steamer brought him an honorarium of $1000 in gold from the King of Prussia.

☞ A Rare Opportunity for investing in a tract of land in New Jersey, in *every respect* adapted to the cultivation of the various kinds of berries, is offered in our advertising columns. It is well known that this is one of the most profitable kinds of agricultural pursuits. Berries of all kinds are always in demand in excess of the ability to supply, and prices are always good. We can conceive of no better opportunity than this offers to invest money to advantage. The enterprise is in good hands, and we have confidence will be well managed.

Errata. In Dr. Hildreth's article in the Reporter of August 10th, the following typographical errors occurred:

Page 116, first column, 29th line, for "cervix," read—vertex.

Page 116, second column, 25th line, for "it is not easily," read—is most easily.

Page 117, first column, last line but one, for "Thus," read—Here.

Page 118, first column, 19th line from top, for "tense," read—dense.

Page 120, first column, 32d line from top, for "the shaft," read—that shaft.

# Correspondence.

## DOMESTIC.

### The New Law regarding the Practice of Medicine in Maryland.

Editors of Medical and Surgical Reporter:

After the very full synopsis given in the editorial columns of your journal of June 8th, of "*An Act for the Protection of the Public against Medical Impostors and for the Suppression of the Crime of unlawful Abortion*," in Maryland, we were not a little surprised to find, in your issue for July 20th, an endorsement of the law by a correspondent from Delaware, Dr. Kennedy.

As silence upon the subject on the part of Marylanders might be construed into assent, and as our professional brethren in other States may

desire to hear the views of some of those who are personally interested, we take this occasion to make a few remarks.

In the first place we will state that we believe the law to be wholly inefficient for the object designed. The law cannot reach the Abortionist; his, and *her* business is done in secret; they do not apply for a license to practice that operation; and notwithstanding the pains and penalties of this law, the guilty public will find operators, and the guilty operators will find patients.

Again, we object to the law for the reason that it is *ex post facto* in its operation. It assumes that none are qualified to practice medicine, unless they obtain a State license; regardless of long and honorable service to the public, and regardless alike of the qualifications testified to by the most respectable Medical Colleges in the country.

It is peculiarly degrading to a physician in his old age, when almost ready to lay aside the appliances of his art, to be called upon to give additional evidence of his fitness to practice his profession.

In the next place, the law punishes the innocent for the guilty: it assumes that the whole medical fraternity are Abortionists; and hundreds of upright, honorable, and capable practitioners are obliged to submit to examinations and taxation, and loss of time in attending the meetings, in order that one disreputable character may be deterred from pursuing his vocation; and with all this precaution, that one criminal will, in nine cases out of ten, succeed in eluding the law.

We object again, that the law allows all irregular practitioners, advertising doctors, homœopathists, and all who can produce a diploma, and those without diplomas who can show a smattering of medical knowledge, to be admitted, in full standing, to practice medicine on an equality with the most respectable physicians. Indeed their irregular practice is *licensed* by the State, thus giving them a more respectable standing than they ever had or expected to have. And it is entirely probable that we will soon have our attention drawn to glaring advertisements in the papers, announcing that Doctor So-and-So has been licensed by the State as especially qualified to cure "consumption," or "secret diseases," or other maladies.

But the most degrading part of the law is that we are obliged to associate with these charlatans, and vote with them in the meetings of the "Faculty." The law makes a *compulsory medical society*, forcing us to meet with these quacks on terms of equality, under penalty of an additional fee for non-attendance of the meetings!

Another consideration worthy of notice is the *taxation* imposed by this law. All physicians know how expensive is the cost of a medical education, added to which must be the outfit for practice, and the procurement of the Government license, preparatory to commencing business. These items form as much of a burden as the majority of young physicians well can bear; but in addition to all this, he is now told that, in order to prevent a few criminals from pursuing their course, he must appear before the temporary board of examiners, have his credentials inspected, and pay five dollars for the privilege; then, in two or three months, go before the permanent board, renew his license, and pay ten dollars for the privilege; and then attend the annual meetings with the quacks, and pay two dollars for the privilege; or stay at home and pay five dollars for the privilege; but, notwithstanding absence from the meetings, *shall be obliged to renew his license annually, and pay for the same.*

After enjoying these privileges, the young practitioner, and the old one, too, may go among his patients, "the dear public," and ascertain how much additional to the old fees they are willing to pay for the protection thus afforded them against the abortionist.

If an individual is qualified to practice medicine to-day, it is certainly reasonable to infer that he will be equally qualified a year hence, should no disabling disease intervene, without a renewal of the grant.

But even if the law was, in other respects, just and efficient in its operation, it would be very unjust to tax the honorable members of our profession to pay the expenses of carrying into effect a law avowedly for the protection of the public against a certain class of criminals. It would appear proper that the public should pay for its own protection.

We do not wish to be understood as intimating that the medical profession of Maryland is not willing to use every legitimate means to suppress the crime of unlawful abortion. It is well known that medical men, the world over, have taken a more active part in attempting to suppress abortion than any other class; we therefore object to being *compelled* to contribute our time and money for carrying out a law, for the protection of the *public*, which law regards us as being individually responsible for the crime that we have unceasingly protested against.

We are not only willing, but anxious that the

public should be protected against the crime of abortion; but we are not willing that *we* should be treated as criminals, and *forced* to associate with quacks. It is the duty of the public to protect themselves. No one performs the criminal operation without the special application of one of the "public;" and the "public" is responsible for the temptation offered. A law for the protection of physicians against the public offering temptations to abortion, and compelling the public to pay the expenses, would be quite as reasonable.

There are other objectionable points, concerning consultations, etc., which it is unnecessary to mention here.

In this county (Harford) a temporary board of examiners was appointed by the Governor, according to the law, and, as the practical operation of the law was not then clearly understood, the appointees consented to serve. Under their administration about one-third of the physicians of the county applied for licenses. A permanent board was afterward organized, as provided for, thus taking the matter out of the hands of the Governor, whereupon this board immediately resigned; thereby putting an end to the law so far as this county is concerned. It is not believed that there are any physicians in the county who would be willing to accept the office: the opposition is unanimous.

It is further said, by legal authorities, that, in consequence of the omission of some technical formalities, the law is rendered nugatory in point of constitutionality.

We agree with the editors of the Reporter, that, "our profession must be a law to itself, and not seek the interference of State legislation," but if the State insists upon legislating upon the practice of medicine, the profession should unite in demanding that none should be licensed by the State who are not eligible for membership in the American Medical Association.

W. Stump Forwood, M. D.

*Darlington, Md., July* 26, 1867.

### Treatment of Sycosis.

Editors Medical and Surgical Reporter:

In answer to your correspondent, and at your request, I give the treatment I have practiced for sycosis or barber's itch, for the last thirty years with universal success.

Stop shaving near the sores; cut the beard with sharp scissors; wash the affected part thoroughly night and morning with castile soap and soft water; after which rub the whole surface with an ointment made from the following:

| | |
|---|---|
| ℞. Hydrarg. chlor. mit., | ʒj. |
| Iodinii (*Powd.*), | ℈j. |
| Mix and add adipis (fresh), | ʒj. |

Triturate until the composition assumes a reddish appearance. If a mild case, use but little of it at a time, if a bad one, rub the sore thoroughly, or until the whole is inflamed.

When the scabs become thick, hard, dry, and matted in with the beard, put on a bread and milk poultice at night, until they become soft and scale off. Repeat the ointment, as may be necessary, till the parts are healed.

At the same time if the disease is constitutional, give a teaspoonful, three times a day, of the following:

| | |
|---|---|
| ℞. Potass. iod., | ʒiij. |
| Syr. sarsaparil. c., | f ʒiij. M. |

W. Griswold.

*Circleville, Ohio.*

# News and Miscellany.

### The Prudent Live Longest.

In a very careful and laborious *Appendix to the Eighteenth Annual Report of the Prudential Assurance Company*, by Henry Harben, Esq., is given the experience of the Company in the industrial branch for the years 1864, 1865, and 1866; and the author ingeniously compares the Company's statistics with those issued by the Registrar General. The experience is this: that among the artisan and small tradesmen class of lives, the numbers exposed to risk were in the proportion of 48.3 male to 51.7 female, in this respect assimilating to the proportions of the general population of England and Wales; that the rate of mortality during these three years was 21.67 per 1000, whereas, in all England and Wales it was 23.63—the difference in favor of the Prudential Company being 1.96 per 1000. Since it is the most prudent of the working classes who insure their lives, these facts, brought prominently forward by Mr. Harben, tend to verify the old saw, that "the prudent live longest."—*Brit. Med. Journal.*

### The Growth of Population in France.

M. Tardieu, President of the Academy, has declared that the discussion on the growth of the population in France is closed. According to Broca, the result of this discussion is, that the slackening which has taken place during the last few years in the growth of the population is by no means alarming, as there is still a decided increase. M. Guerin, on the contrary, observing that the increase is smaller for some time past than it has been since the beginning of the century; and, comparing this fact with the much greater growth observed in neighboring countries, believes that, in this diminution, lies for France a serious danger, for which a remedy should be sought.—*Brit. Med. Journal.*

### Causes of Deaf-Dumbness.

Dr. Peet, Superintendent of the New York Institution for the Instruction of the Deaf and Dumb, assigns, the following as the most probable remote causes for congenital deaf-dumbness:

1. Unequal ages of the parents, especially where the mother is older than the father, or advanced age of either parent, especially of the mother.

2. Ill health and feebleness of constitution in one or both parents, especially where there is a hereditary tendency to scrofula.

3. Impairment of the procreative power, especially in the father, through early dissipation or bad habits.

4. Intermarriages of blood relations.

5. Causes operating during gestation, through the excited imaginations or nervous sensibility of the mother.

6. Ill health of the mother during gestation, or physical accident during that period.

7. Intemperance in one or both parents about the time of conception.

8. The influence of unhealthy occupations, bad water, inferior diet, or damp dwellings of the parents, on their offspring.

9. Direct hereditary transmission.

### Agenesis in France.

For the perusal of our obstetric readers, and others physiologically or morally interested in the matter, we may signalize a paper in *L'Union Médicale* of June 11th, on the Genesis of the Human Species, treating specially on "the limited and regularly intermitted aptitude of the female for conception." "The genesic period," says M. Arnad, "starts immediately after the menorrhagic period, and ceases at the fourteenth day from the commencement of menstruation." Dr. Arnad, in order to complete the practical application of his researches, has addressed to Monsignor Gousset the following question, Num licitus est matrimonii usus in periodo agenesico solummodo? To which the illustrious prelate replies that he cannot directly affirm the practice suggested, but that "confessors would not disquiet the faithful" who followed it.—*Brit. Med. Journal.*

—— Prize Question. The Medical Society of the State of Kansas has offered a medal, of the value of five dollars, for the best essay on the endemic diseases of Kansas. The contestants are confined to the members of the Society.

*[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]*

### MARRIED.

How—Dewey.—In Auburn, N. Y., at Central Church, Aug. 8th, by Rev. Henry Fowler, Dr. W Storer How, of Cincinnati, Ohio, and Miss Clara E. Dewey, of Auburn.

Moses—Brown.—On the 1st inst., at Rugby, the residence of the bride's father, A. J. Brown, Esq., by Rev. R. K. M ade Dr. Samuel D. Moses, of Sumner co., Tenn., and Miss Bettie Overton Brown, of Albemarle co., Va.

### DIED.

Birkey.—In this city, suddenly, on the 8th instant, of apoplexy, Dr. John Birkey, dentist, in the 64th year of his age.

Edwards.—At New Castle, Del., Aug. 16th, James Lewis Edwards, eldest son of Elizabeth C. and Dr. Lewis A. Edwards, United States Army, in the 8th year of his age.

King.—At Richmond, Staten Island, N. Y., Aug. 12th, 1867, Hester Mary, infant daughter of Dr. C. H. and Alice King, aged 5 months and 10 days.

McGill.—Of cholera, on the 21st of July, near Fort Lyon, Colorado Territory, Brevet Lieut. Colonel George McCulloch McGill, Assistant Surgeon, U. S. A., and eldest son of Rev. Alexander T. McGill, D. D., of Princeton, N. J.

Mattingly.—On Sunday morning, the 11th inst., at New Iberia, (St. Martin's Parish,) Louisiana, Thomas Mattingly, M. D., late of Florence, Alabama.

Thompson.—On the 16th inst., Mary K., wife of George W. Thompson, and daughter of Dr. John K. and Catharine Knorr, of this city, in the 26th year of her age.

### ANSWERS TO CORRESPONDENTS.

*Drs. L. D. R. and A. T.*—You say your Braithewaite and Lancet have not arrived. Journals with which we commute are sent direct from their publishing offices, and you must therefore address your complaints to the editor. They do not pass through our hands, and we are not responsible for the delay in their arrival.

*Dr. R. R.*—The price of a common skull is $8 to $12; a *disarticulated*, bleached skull is $25. The articulation consists simply in wiring the inferior maxillary.

*Dr. W. D. N.*—The best treatise on dogs is by *Youatt*. Price about $3.00.

*Dr. C. H. O.*—A sphygmograph cannot be obtained in this country. A good laryngoscope costs $16.

*Dr. T. C. T.*—Thomas on Diseases of Females is not yet published. It is in press, however.

*Dr. A. P. F.*—Simpson's uterine sound costs $3.00. A priced list of books and surgical instruments, 25 cents. The box went by express Aug. 16th.

*Dr. A. G. F.*—You ask us for the titles and prices of Robin's works. He has written a small library. The most important are, "On Fermentation," "Memoir on the Existence of Ova in the Males, as well as the Females of Vegetables and Animals," "Observations on the Growth of Osseous Tissue," "Memoir on the Anatomy of Erectile Tumors," "Memoir on Heterodemic Tissues," "Anatomical Atlas," "Treatise on Anaromical and Physiological Chemistry, Normal and Pathological, or the Proximate Principles, Healthy and Diseased, which Compose the Bodies of Man and Mammals," (three large volumes, quarto, with atlas,) "Natural History of the Parasitic Vegetables which occur on Man and other Animals," (with atlas,) etc. etc. His last work (just published) is "Lectures on the Morbid and Healthy Fluids of the Human Body." It costs fourteen francs. We believe none of them have been translated, at least in America. We cannot find the cost of Tilbury Fox's work on "Skin Diseases of Parasitic Origin." Dr. Drake's monograph "On the Parasitic Origin of Cholera," is scarce. Have any of our readers a copy to sell? If so, please send us the price. We call your attention to a work by Dr. Cowdell, "A Disquisition on Pestilential Cholera, being an Attempt to Exolain its Phenomena, Nature, Cause, Prevention, and Treatment, by reference to an Extrinsic Fungous Origin," London, 1848, which is on the same subject.

*Dr. J. S. L.*—Binding the Reporter will cost you one dollar a volume. We will see that it is done correctly if you wish it done here.

### METEOROLOGY.

| August, | 5, | 6, | 7, | 8, | 9, | 10, | 11. |
|---|---|---|---|---|---|---|---|
| Wind..... | N. | N. E. | S W | E. | S. W. | S. W. | W. |
| Weather.... | Clear. | C'dy. Rain. | Cl'dy. Rain | Cl'dy. Rain. | Cl'dy. Rain. | Cl'dy. Rain. | Clear. |
| Depth Rain.. | | 3-10 | 1 5-10 | 3 8 10 | 5 10 | 3-10 | |
| *Thermometer.* | | | | | | | |
| Minimum..... | 66° | 68° | 65° | 66° | 67° | 68° | 65° |
| At 8, A. M..... | 78 | 72 | 69 | 72 | 72 | 74 | 73 |
| At 12, M..... | 82 | 80 | 78 | 72 | 80 | 82 | 78 |
| At 3, P. M..... | 83 | 80 | '9 | 72 | 81 | 82 | 78 |
| Mean..... | 77.25 | 75. | 72.75 | 70.50 | 75. | 76.50 | 73.50 |
| *Barometer.* | | | | | | | |
| At 12, M..... | 30.3 | 30.3 | 30.3 | 30.2 | 30.2 | 30.2 | 30.3 |

*Germantown, Pa.* B. J. Leedom.

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| " et Opii | 85 |
| " et Rhei | 75 |
| Cathart: Como: U. S. P. | 70 |
| Chapman's Dinner Pills | 60 |
| Cerii Oxalat: 1 gr. | 1 00 |
| Chinoidin: Comp: | 1 00 |
| Cinchon: Sulph: 1½ gr. | 75 |
| Cook's, 3 gr. | 50 |
| Coloc: Comp: 3 gr. (Ext: Coloc: Comp: U. S. P) | 80 |
| Colocynth: et Hydrarg: et Ipecac: | 75 |
| Diuretic | 50 |
| Dupuytren | 50 |
| Emmenagogue | 1 40 |
| Fel: Bovinum | 50 |
| Ferri, (Quevennes,) 1 gr. | 50 |
| Ferri Carb: (Valett's,) U. S. P. 3 gr. | 40 |
| Ferri Citrate, 2 gr. | 50 |
| Ferri Comp: U. S. P. | 40 |
| Ferri Iodid: 1 gr. | 75 |
| Ferri Lactat: 1 gr. | 50 |
| Ferri Pyrophosph: 1 gr. | 40 |
| Ferri Valer: 1 gr. | 1 00 |
| Ferri et Quass: et Nuc: Vom: | 75 |
| Ferri et Quin: Cit: 1 gr. | 75 |
| " " " 2 gr. | 1 40 |
| Ferri et Strychniæ | 75 |
| Ferri et Strych: Cit: | 75 |
| Gambogiæ Comp: U. S. P. | 40 |
| Gonorhœa | 60 |
| Hepatica | 90 |
| Hydrargyri, U. S. P. 3 gr. | 40 |
| " Iod: et Opii. (Ricord's.) | 75 |
| Iodoform et Ferri | 3 50 |
| Ipecac et Opii, 3½ gr. (Pulv. Doveri, U. S. P.) | 50 |
| Leptand: Comp: | 1 00 |
| Lupulin, 3 gr. | 40 |
| Magnesiæ et Rhei, (1 gr. each,) | 40 |
| Morphiæ Comp: | 1 50 |
| Opii, U. S. P., 1 gr. | 80 |
| Opii et Camphoræ | 90 |
| Opii et Camph: et Tannin. | 90 |
| Opii et Plumbi Acet: | 80 |
| Potass: Bromid: 1 gr. | 75 |
| Potass: Iodid: 2 gr. | 85 |
| Quiniæ, 1 gr. | 1 45 |
| " 2 gr. | 2 75 |
| " Comp. | 1 75 |
| " et Ferri | 1 75 |
| " " " et Strychniæ | 1 75 |
| " " " et Valer: 2 gr. | 3 50 |
| Rhei, U. S. P. | 75 |
| Rhei Comp: U. S. P. | 75 |
| Rheumatic | 90 |
| Santonin, 1 gr. | 1 00 |

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| " Cannabis Indica, ¼ gr. | 60 |
| " Hyoscyamus, (English,) ½ gr. | 40 |
| " Nux Vomica, ½ gr. | 40 |
| Mercury Iodide, ¼ gr. | 40 |
| " " Red. 1-16 gr. | 40 |
| Morphiæ Acet: ⅛ gr. | 85 |
| " Sulphate, 1-10 gr. | 70 |
| " Valerianate, ½ gr. | 95 |
| Podophyllin, ¼ gr. | 40 |
| Quinia Valer: ½ gr. | 2 00 |
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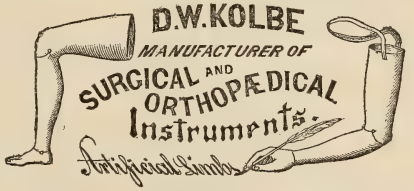


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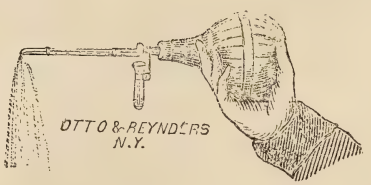


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THE

# MEDICAL AND SURGICAL REPORTER.

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## Original Department.

## Communications.

### OVARIAN FŒTATION.

*A paper read before the Medical Society of Allegheny County, Md., August 6th, 1867.*

By Samuel P. Smith, M.D.,

President of the Society.

Mrs. C. R., æt. 53, was married in Germany at the age of twenty-six years, and was delivered of a healthy child two years afterward. This child lived till it was nearly five years old. Two years after the birth of the first child, she suffered an abortion, and remained very delicate for many months after. As near as she could recollect, about three or four years after the abortion, she again conceived, as she and her friends generally believed, as she suffered from all the symptoms usually accompanying pregnancy, and which progressed regularly to within a short time of her expected confinement, when she was taken sick. Her midwife and physician, after carefully examining her, pronounced her pregnant and suffering severe disease, (of the nature of that disease she could give no account.) She described her sufferings to have been very great and of long continuance, and until she was reduced to the verge of the grave. She had severe night sweats, burning in her hands and feet, and her life was despaired of by her friends and attendants. From this condition she very gradually recovered, with all the symptoms of pregnancy having subsided.

After she had recovered sufficient strength to be able to move about, she found a large tumor or lump remaining on her right side, low down in the abdomen, which she described as continuing about the same in size, feeling, and position, up to the time when I first saw her in 1865. She came to this country about 1854, and has lived in Cumberland from that time till the period of her death, June 12th, 1867. She stated, that after recovering her strength from this long illness, her menstruation returned and continued until a few months previous to her death; sometimes regular as to period and quantity, and anon irregular as to period and quantity.

I first visited the patient professionally on the 4th of October, 1865, and attended her then in a severe attack of bilious remittent fever, at which time I discovered the enlargement in the right iliac region, extending a few inches above the crest of the iliac bone. The tumor was firm and moveable, with no pain or soreness on pressure, and would weigh, as I supposed, three or four pounds While examining the tumor, the patient said, "Doctor, you need not examine that lump, it is an old affection, and has nothing to do with my present sickness, and I don't want you to have anything to do with it." I thought as the patient did, and paid no further attention to it at that time.

In July, 1866, I attended her in a second attack of fever, simliar to the first, but with more gastric and enteric distress. Her recovery was very slow, and she suffered from great pain and uneasiness in the tumor, with some increase of its size. From that time she suffered more or less until early in February, 1867, though at times she was up, moving about the house and garden. From the 10th of February, her sufferings rapidly increased, and the enlargement of the abdomen became more diffuse. A few days afterward she had copious discharges of pus per anum, which continued for a fortnight, when all the violent symptoms subsided, and she had great relief until early in May, when the swelling and enlargement returned, with erysipelatous inflammation over the tumor, followed by gangrene and sloughing of the soft parts, through which protruded the edge of a thin bone. Through this opening she passed large quantities of pus and purulent matter, as also food which had been taken but a short time before. In this condition she was seen by Dr. G. B. Fundenburg, and subsequently by Dr. C. H. Ohr. She discharged per anum three ribs and several smaller bones previous to her death, which occurred on the 12th June, 1867. If her statement was correct, and it is corroborated by her husband, this fœtus must have been carried at least nineteen years. She was married at 26, had her first child at 28,

aborted at 30, and was pronounced pregnant again between 33 and 34, and died at 53 years. The post-mortem appearances were as follows, as shown by the autopsy made in my presence by Drs. Ohr and P. A. Henly.

*Autopsia Cadaverica.* Mrs. C. R., æt. 53, died June 12th, 1867. Post mortem examination two hours after death. The embonpoint of the of the body was good, the adipose deposit being fair, and filled out with a general anasarcous deposit. The abdomen was prominent, and presented on its anterior and right aspects an irregular slough, four inches long and two and a half inches broad, extending from the umbilicus downward. This slough embraced the skin and sub-cellular tissue, but about one and a half inches below and to the right of the umbilicus, it had perforated the abdominal walls, through which presented the edge of a bone of a dark-brown color, and evidently belonging to a fœtal cranium.

*Sectio cadaveris* by a crucial incision extending downward from the sternum to the pubis, exhibited the omentum of natural color and sufficiently adipose above the umbilical region and to the left side. On the right side, adhesion to the abdominal walls at the point of perforation, and to the extent of the external slough, was so complete as to obliterate the omental character, as also any division between the omentum and parietes; in fact, around the tumor, on its superior, posterior, and anterior regions, adhesions had reduced omentum, intestines, and tumor into one common mass. Adhesions had also formed between the omentum and the inferior edge of the liver, which latter organ was found enlarged, of a pale red or rose color, its inferior edge being rounded to a thickness of two inches; the gall-bladder was thickened, opaque, and very much distended with a light-colored liquid. The intestinal tube was pale, thickened, and contracted; the peritoneal sac in the vicinity of the tumor was very much thickened, in some places measuring one-fourth inch, binding the bladder low down in the pelvis, contracting the capacity of that organ, whose coats were also thickened. The uterus was pale and small, measuring two inches in length, and one and a half in breadth.

An incision through the long diameter of the tumor (which was the right ovarium) showed its walls to vary in thicknesss from an half to one and a half inches, showing at various points the appearance of Grafian vesicles magnified in correspondence with the walls of the sac, which in its anterior wall presented one vesicle three-fourths of an inch in diameter, converted into an hydatid.

The bone penetrating the abdominal walls was, on opening the sac, found to be a parietal bone of a fœtal cranium of about eight months' development. The sac contained all the cranial bones, many of the ribs and bones of the upper and lower extremities, the carpus and tarsus, with their phalanges, and a considerable quantity of small granular bodies, apparently the spongy substance of vertebræ, etc., floating in a dark, semi-putrid purulent fluid. The bones of the upper and lower extremities appeared to have a development of about five or six months, while the development of the ribs corresponded with that of the cranial bones. The clavicular and scapular bones, in proportion to the ribs, were small, and apparently a malformation, the acromial and spinous process of the scapula forming more than half its entire bony structure; the clavicles, very short and thick, seemed to have developed to correspond with the acromion. One clavicle and scapula, and three ribs, previous to death, had been discharged per ano, and corresponded in size and appearance with their mates found in the sac. The ovarian sac was of a uniform dark-red color, and was perforated at four points, one opening through the abdominal walls, as above named, two entering the small intestines at different points, the fourth emptying into the rectum, which contained a number of the smaller bones of the fœtal system. The right Fallopian tube was found to be imperforate and degenerated into a round hard fibrous cord. There were no evidences of recent inflammation in any of the abdominal organs or tissues involved in the disease, but all except the tumor itself presented an unusually pale appearance.

*Remarks.* By Dr. C. H. Ohr.—The above case contains several valuable points for consideration, and it is a matter much to be regretted, that a more accurate, and therefore more reliable history of the early portion of the case could not be had. It, nevertheless, suggests some important suggestions physiologically and pathologically considered. The early history and post mortem indicate regular fœtal development; the post mortem appearances indicate that development to have taken place in the ovarium and apparently in the impregnated Grafian vesicle. My limits do not permit a discussion of the various points connected with this part of the case; they are left to the reflection of the intelligent reader. At what time did the death of the fœtus take place? The history of the case, so far as it was had, and the size of the fœtal bones indicate a development of eight months. When did the process of fœtal decay set in? Was it at her

first illness, described as taking place in Germany about 1848, or at the later period of 1865, when first professionally visited by Dr. S.? Was the decay of the circulatory system of the fœtus at one period, and the decay of the fœtus itself at a subsequent period? Had the putrefactive condition anything to do with either of these attacks? To what extent was the febrile attack of 1866 dependent upon and attributable to the putrid mass in the ovarium? Were the gastro-enteric symptoms of 1866 referable to the adhesive process shown by the post-mortem examination to have been set up by nature as a safeguard to ridding the system of the fœtal debris? Was there a point when surgical assistance could have been rendered to the perfect safety of the patient?

## NOTES ON THERAPEUTICS.

By Jos. Adolphus, M. D.,
Of Hastings, Mich.

In the issue for July 6th of the Reporter, is a very interesting and sensible lecture from Dr. E. R. Squibb, delivered before the N. Y. Journal Association, May 16th, 1867.

I am pleased some one in the profession has had the courage to speak upon this very important and momentous topic, and am equally pleased that the editors of the Reporter have had the independence and force of character to publish it. It is time, high time indeed, that the profession was awake to a sense of the great importance of this department of medical science, and that we were devoting attention and skill to its proper cultivation. Dr. Squibb justly observes "the legitimate materia medica, and not *expectantism*, nor skepticism, more than polypharacy, empiricism, or any other form of *ignorance*, must constitute the means by which the practical end is attained, and therefore must be the foundation of every sound and lasting medical reputation." Who can deny this?

"At the present day, the best known articles of the materia medica are lying about as it were for the want of research and critical examination," while we are educating ourselves to believe that disease is best controlled by *food and whisky*. But we above all other classes of men know how to "*hobby*."

Just observe the barrels of cod-liver oil that have been forced down the throats of mankind to no effect. We got hold of the poor thing and attempted to ride it through thick and thin, till we have well nigh ridden it so as to be now no more than a shadow. Almost every day I hear physicians speak of cod oil with the same disrespect they do of Ayer's pills, or Jayne's expectorant.

Physicians concluded that cod oil required only to be swallowed, and its digestion and appropriation is a foregone conclusion. Is it any wonder some men speak of cod oil as a "worthless concern"?

But I must pause for a moment, and say something more of cod oil. I believe that but few cases occur where this remedial agent is really useful, unattended by impaired nutrition. In the great majority of cases that have come under my care, the economy was unable to digest and appropriate it. I have most generally found that the appetite was very much impaired, and that food was but illy digested. I believe I can safely say, that only ten per cent of my cases received any benefit from the oil without aids to its digestion and appropriation being necessary. Of late I have adopted the following formula with most marked success in aiding the appropriation of the oil, and the cure of the patient:

| | | |
|---|---|---|
| ℞. | Chlor. pott. (French,) | ℥ijss. |
| | Glycerine (Bowers,) | f.℥viij. |
| | Soft water, | f.℥xiv. |
| | Alcohol, | f.℥viij. |
| | Strychniæ, | gr. iij. |
| | Tinct. ferri chlor., | f.℥ij (made according to the last U. S. Dispensatory.) M. |

Pulverize the chlorate and triturate it well with the glycerin, then add the soft water, and aid the solution by heat, to which when perfected, add the alcohol; then by aid of heat dissolve the strychnia in the tincture of iron, then add all the ingredients together. A half ounce of this is a dose for an adult three times a day. Gentlemen of the profession will be astonished at the marvellous power of the above tonic in aiding the digestion of cod oil in strumous cases. consumption, etc.

I have cured a number of cases of phthisis, two in the third stage. These cases have been acknowledged cases of consumption, the diagnosis made by others. When the oil has caused acid eructations I have lately used the following in preference:

| | | |
|---|---|---|
| ℞. | Chlor. pott., | ℥ij. |
| | Sulphite magnesia, | ℥iiss. |
| | Soft water, | f.℥xxx. |
| | Alcohol, | f.℥iv. M. |

Dose ℥ss. three or four times a day, with six or ten drops spirits ammo. arom. an hour or two after the oil. I have lately made great use of the latter prescription in all zymotic diseases, and inter and remittent fevers with splendid results.

I believe I have good reason to view Bright's disease, diabetes mellitus, many cases of anemia.

chlorosis, acute rheumatism, diphtheria, and dysentery, as zymotic diseases.

I have treated cases of these diseases with the sulphite of soda or magnesia in union with the chloride of potassium with the very best results.

My attention was first called to this view of the matter while attending on a case of diabetes mellitus, which was running a very acute course. Having from experience been obliged to abandon all kinds of remedies as really useless, I selected the sulphites on the theory that the sugar was the result of a ferment in the blood, brought around by zymotic causes. The two cases thus treated have recovered. I found that for eight or ten days after commencing this treatment, that the sugar was *wonderfully increased* in the urine, and remained so for two weeks longer, and then gradually and slowly decreased. I have been led to believe that the chlorate of potassium hightens the curative powers of the sulphite, by causing an increased force of the eliminating organs.

In a case of Bright's disease, in a man addicted to liquor, I have used the above combination alternately with the bromide and iodide of potassium, with very satisfactory results. In this case I used the cod oil. From my experience with the sulphite and chlorate, I think that the latter prevents the former from injuring the appetite. In nineteen cases of typhoid fever in which I used the combination, I found the appetite more active than when other remedies were used. In fact I believe that I see sufficient reason to assure me that the hydrochloric acid acted more as an antiseptic than as a tonic.

It doubtless will singularly strike some minds, when I say that I see reason enough to lead me to believe that quinine materially increases the curative powers of the above remedies (all of them) by its action on the nutritive system, itself being appropriated. I think that its action is much like tea, causing the reappropriation of effete matter. Thus a boy suffering from pyæmia was put upon the sulphite and chloride of potassium, and appeared to mend during the first six days, but after that, stayed just so. I then ordered five grains of quinine dissolved in tartaric acid, three times a day. Thirty-six hours after (still continuing the sulphite and chloride) the pus began to grow less, and the urine was loaded with *purpurine*. Previous to this the uric acid prevailed immensely.

The boy recovered rapidly with the aid of cod oil. I have treated a number of cases of diphtheria with the sulphite and chloride alone, coupled with food, the result has been a marked shortening of the duration of the disease. A case now under treatment,—a case of consumption in the third stage, when there were night sweats, diarrhœa, and a most distressing acidity of the stomach, which was so intense, that I believed it to have been the cause of the diarrhœa and to have increased the worrying cough, has been most happily relieved of all the just named symptoms, by the sulphite and chlorate, three times a day, and an increase of appetite is now well-marked.

Two cases of acute rheumatism, treated as above, were cured in nine and fourteen days respectively. The cures were perfect, the patients were able to go to their business at the expiration of those times. I have three more cases of pneumonia to mention, as having been treated as above with more than the usual success. One was in a man who was and is yet a sot. His case was desperate. On him I tried the first experiment, as I did not care much what became of him. He took twenty grains of each, every two hours. The whole of the right lung was implicated, his pulse was 146. He had a low muttering delirium for sixty hours, and a hot parched skin and hacking dry cough. Percussion both front and back showed denseness. In 15 days he was convalescent. I could see no difference between his case and typhus, except the absence of the spots. But the exacerbation and remissions followed immense ranges. These were controlled by *quinine* in five grain doses. The other two were asthenic cases, also, but in temperate people, both females, each upward of 40. Their pulse ranged from 110 to 135, soft and weak. One case had the greater part of left lung from the bottom involved, she was also delirious. Her heart was remarkably weak, and she took the tincture of digitalis, which mended her symptoms much. By it the dyspnœa was much relieved. This latter symptom doubtless was caused by cardiac weakness more than from implication of lung tissue. I think that if Dr. Mobley will watch closely he will discover that all the cases of dyspnœa, or nearly all, are attended with weakened heart, hence the value of the chlorate of potash through its oxygen on the heart tissue, restoring its tone, by giving the blood its natural stimulus. But in my case the digitalis was needed, because the mobicular life forces were greatly exhausted; the striated tissue was weakened in consequence; upon this form of tissue doubtless digitalis has the greatest influence.

I believe we can accomplish much in erecting a wise and practical system of therapeutics, by studying the essential features of disease, and learning the laws that govern them. It is, also,

by studying the modus operandi of remedies upon certain pathological conditions, and noting *how* changes are made to occur, that we can accomplish valuable practical results.

I find that the eclectics have many valuable remedial agents, and that their enlightened and posted practitioners know how to use them. We must learn also their value, and in a brief period we will excel all others in the healing art, and compel quackery to subside and die.

I have much to say upon hydrastis canadensis, sanguinaria canadensis, lobelia inflata, podophyllum pelt., cornus Florida, stilingia, gelseminum, black cohosh, and others of our indigenous materia medica, on another occasion.

We are all aware how unsuccessful we are in the treatment of chronic diseases, skin diseases, tertiary syphilis, nervous diseases, and uterine diseases. Our refusal to go out of our usual train of thinking, and our attachment to certain prejudices, has made holes into which have entered the branded arrows from Dr. Squibb's quiver. For my part I feel doubly grateful to him, because he has called our attention to a sadly neglected department of medical science. We are behind the times in therapeutics.

## A CASE OF INTUSSUSCEPTION.

By R. L. Payne, M. D.,

Of Lexington, N. C.

[The following remarkable case was communicated to Prof. Edward Warren, of the Medical Department of Washington University, Baltimore, and was forwarded by him for publication.—Eds. Med. and Sur. Rep.]

On the 24th day of June, myself and brother were called upon to visit a colored man, (John Hargrave,) who was supposed to be suffering from a severe attack of spasmodic colic. We found him with a clean tongue, and natural pulse, but bathed in a most profuse perspiration, and in perfect agony from pain in the abdomen, confined chiefly to the right iliac region. About an inch and a half or two inches to the right of the umbilicus, and running down the side and nearly parallel with the linia alba, was a tumor as large as a man's hand, which was not more resisting to the touch than flesh, nor was the pain increased, but rather relieved, by pressure.

The facts connected with the attack were these:—the patient was in perfect health in the morning, had a copious action from his bowels, ate a hearty breakfast, walked three miles, then rode a very rough-going horse, until the sudden severe pain in his abdomen forced him to quit his horse and take to his bed. Upon going to bed the patient felt of his abdomen, and was surprised to find the enlargement in the right iliac region, of which I have spoken above.

During the past twelve years I have met with several cases of obstruction from accumulations in the cœcum, impacted feces, etc., and I was disposed to regard this as a case of the kind, and should have done so, had not the pain and enlargement come on so suddenly. We feared an intussusception, but we could have no positive proof of this; we administered a full dose of calomel and rhubarb, to be followed in twelve hours by half an ounce of castor oil, and ordered large emollient poultices to be applied and kept to the abdomen, and also prescribed two grains of solid opium to be taken in six hours, provided the pain continued great.

Being some distance from us, we did not see him again until two days after this. The medicines had had no effect on the bowels, his tongue was heavily coated, pulse 120 per minute, abdomen tender to the touch, and somewhat tympanitic, and his stomach a little irritable.

Now all of the usual methods for dislodging obstructions were resorted to, as change of position, kneading the bowels, stimulating and relaxing enemata, the warm bath, etc., without any relief to the patient. We prescribed croton oil to be given pro re nata, and ordered an enema of oil of turpentine for the following morning.

On the fifth day his case presented all the symptoms of regular ileus, pain, constipation and stercoraceous vomiting, and his abdomen was so intensely tympanitic that I could have beaten the "long roll" upon it, and been heard at some distance.

The tumor could not now be seen or felt because the abdomen was so tensely swollen, and yet the intestines appeared clearly defined through the parietes of the abdomen standing up in great rolls as large as my arm.

This state of things continued up to the fifteenth day without any material alteration, during which time calomel, combined with large doses of opium was given, with the hope of procuring the mercurial effect, and relieveing pain as much as possible, and with the desire that in case of sloughing of the invaginated portion of bowel the peristaltic action might be so controlled as not to interfere with any adhesions which might be forming between the ends of the bowel; but owing to the exceedingly irritable condition of the stomach only a small portion of these medicines were retained. After the sixth day our patient was not burdened with remedies. Oil of turpentine was administered and was borne as well as any other medicine by the mouth,

and I thought was of some benefit in lessening the meteorism. The abdomen was blistered and dressed with poultices impregnated with laudanum and solution of morphia, but I am candid in confessing that the final happy result is due almost entirely to the "vis medicatrix naturæ." From the fifth to the fifteenth day the patient was subject to paroxysms of intense pain attended with muscular spasm, cold clammy sweat, prostration of strength, depression of spirits, excessive nausea, weak thready pulse, scarcely perceptible at the wrists, in fact a state of perfect collapse. We administered opium and stimulants freely both by the mouth and by enema. His diet consisted of lime-water and milk by the mouth, and beef and mutton soups injected at regular intervals into the rectum. Throughout his illness he was tortured with a burning thirst, and would fill his stomach with quantities of water, which was gulped down with the greatest avidity, and almost immediately ejected. He was allowed the free use of ice, and ice was applied over the stomach and bowels, which remedy I think was of benefit. At no time was his pulse more frequent than 130 beats per minute; this I think was somewhat remarkable and unusual. On the morning of the 15th day, there was a general amelioration of the symptoms, more especially apparent in the subsidence of tympanitis. After the intestines below the obstruction had been emptied, he had no further stool for ten days, so that he really had nothing to pass through the whole tract of the intestinal canal until the evening of the 15th day, when he had a bloody stool, accompanied with broken shreds, matter resembling dark unhealthy pus, and about two inches of intestine in a semi-putrid condition. On the morning of the 16th day he had free alvine evacuations consisting of fecal matter, blood, and twelve inches more of intestine, since which time he has been slowly convalescing. Two weeks since, I discharged the patient, and was visited by him at my office on yesterday, just about four weeks after the passage of the invaginated bowel. I regard the case as interesting and remarkable, not only for the great length of intestine intussuscepted and passed, but also that he has recovered his health in a great degree under such untoward circumstances. The truth is, kind nature is one of the best friends of the profession, and in many cases while we repudiate the "nimia cura" she will bring to bear her potent "vis conservatrix," and lend us a helping hand.

The twelve inches of bowel I have in alcohol, subject to your orders, and I send you this imperfect but faithful account of the case, to be used as you think best.

## SULPHATE OF QUINIA PER RECTUM IN FEBRIS INTERMITTENS.

### Does it Diminish the Size of the Spleen?

Translated from the French of Piorry.

By Wm. Mason Turner, B. Ph., M.D.,
Of Philadelphia.

When we remember how well determined it has been, that the administration of quiniæ sulphas by the stomach, in doses of from one to three *grammes*, [one gramme equal to about fifteen grains—*Translator*,] has diminished in a few moments the volume of the spleen; when, moreover, I recall the promptitude with which water, introduced into the organic cavities, reaches in large quantity the kidneys and bladder, I have naturally been led to believe that this same sulphate of quinia, above mentioned, injected into the anus, would determine rapidly atrophy of the spleen. Moreover, I was formerly the more inclined to believe this, as in the ordinary run of medical practice, this channel, the rectum, is made use of frequently for the exhibition of various medications. Again, in the year 1824, I employed with a notable success, injections of the powder of Peruvian bark (diluted in water) *per rectum*, to combat a cerebral fever, which I then named *encephalic irritation in infants*. It is true, I have not since then, for a certain time at least, been encouraged to the same degree, in analogous cases, by the sulphate of quinia. But at the same time this did not discourage me. I had recognized in its action on myself a certain influence of quiniæ sulph. on the spleen, a means, indeed, by which could be appreciated the real effects of this medicine, by whatever way exhibited. I then made a series of researches on this subject.

In five cases analogous to those related in Observation 92, and to those collected in my service by one of my most distinguished pupils, Dr. Blanchet, there was not the least success when we had recourse to the administration of the sulphate of quinia by the rectum. In Case 92, referred to, for two days the quinia was given by anal injections, in the dose of 0.75 of a gramme, and the spleen diminished nothing in size, neither at the moment, nor after several hours and days following. The same dose was then given by the mouth, and in a remarkably short time the spleen returned to its normal condition. Here (per rectum) the medication seemed to give rise

to colic, and to those watery stools, which settled all doubts as to the results of the experiment—the quinia acted simply as an irritant, was not absorbed, and consequently produced no specific action. But in other cases, no diarrhœa was observed, and the quinia was even borne, in doses of one and a half grammes, in the rectum—yet the spleen was not in the least reduced. Then the same medication, taken by the mouth, in similar proportions, in a very short space of time produced on the spleen its accustomed effect.

I had almost abandoned this series of researches, when, in the first days of December 1842, I recognized a very great advantage, both on account of rapidity of action and less dose to be exhibited, in the *bi*-sulphate — dissolved without the addition of acid—over the sulphate. I then made an application of these facts, on the 7th of December, on a man who had not an attack of fever, but who was subject to epilepsy. I measured the spleen with care; it was 0.080 in diameter. This measurement was verified by twenty persons, *all more or less familiar with the use of the pleximeter, and having that expertness requisite for this kind of operation.* Then we threw up the rectum fifty centigrammes [ten grains—*T.*] of the bisulphate of quinia dissolved in fifteen grammes of distilled water, and we noted the hour exactly at which the medicine was administered. Before the end of the first minute, sonorousness and elasticity were distinctly pronounceable, on percussion, over the region of the spleen, where, up to that moment, was to be found dulness and resistance. Minute by minute we watched the organ, in some or other manner, slip and shift under the fingers; and five minutes afterward, the dimensions were no more than 0.06, and they diminished still a centimetre more in the following few moments. Moreover, the organ was much more sonorous, and less resistant to the touch, than before the administration of the salt of cinchona. It appeared incredible that it could be reduced to a dimension so very small.

Since that time these experiments have been very many times repeated, and ever with the same success.

It results, then, clearly from our observations: 1st, that the sulphate of quinia, very little soluble or non-soluble, thrown into the rectum, does not produce, even in twenty-four hours, any action in the spleen. This fact depends, beyond a doubt, on the absence of the acid liquors in the intestine which are found in the stomach, and the medicament cannot be absorbed. 2d, that the sulphate of quinia, rendered soluble by the addition of an excess of acid, and that the other soluble salts of quinia, injected in the anus, are followed by a very prompt diminution in the volume of the spleen, and are consequently absorbed. Now, as it has been demonstrated in our work, that we cure an attack of fever by remedying the splenic hypertrophy, it results that it is sufficient to inject (and to repeat if necessary) fifty centigrammes of the bisulphate of quinia dissolved in fifteen grammes of distilled water [or fifty centigrammes of the sulphate dissolved in acid—*T.*] into the rectum, and we can cure, beyond a doubt, any case of intermittent fever.

[Note. It is necessary to state that the ideas of M. Piorry, promulgated so many years ago, are still *dicta* with him, or certainly were in 1858 and 1859.—*Translator.*]

# Hospital Reports.

Jefferson Medical College, *June* 26, 1867.

## Surgical Clinic of Prof. Gross.

Reported by Dr. Napheys.

### Hydrocele.

Patrick A., æt. 56. He has had some trouble in his testicle for three months. It presents a cylindrical swelling upward of four inches in length, well circumscribed, extending as high up us the external abdominal ring. There is no enlargement of the spermatic cord. Coughing does not communicate the slightest impulse to the tumor, and it never disappears when he is recumbent. The testicle is not at the bottom of the swelling, but at the back portion. The tumor feels very firm, but at the same time is compressible, and below is almost translucent.

This is a case of hydrocele, interesting from the peculiar shape of the tumor and its circumscribed character, the usual form of a hydrocele being pyramidal.

The palliative operation was performed.

### Occlusion of the Vulva.

Julia D., æt. 11 mos. This child has adhesion of the labia, the result of inflammation in consequence of a neglect of proper ablutions. The adhesion was readily broken up by means of a probe, the mother being directed to wash the parts with cold water two or three times a day.

It is well that the operation was performed thus early, for if the parts had been allowed to remain in that condition for any considerable length of time, the adhesions would have become more firm, and difficulty, therefore, have been experienced in liberating the parts.

### Inversion of the Nail of the Great Toe.

Miss A., æt. 21. This patient has an inverted toe-nail. This affection usually involves, as in this case, the nail of the big toe. It is sometimes, though rarely, observed on the small toes. The disease is occasionally congenital. Prof. Gross

has recently seen several cases of this character well marked in infants. Generally speaking, it is acquired, and when a predisposition to it exists, it is apt to occur in its more aggravated forms. Both edges are liable to inversion, but one is usually more fully inverted than the other. When the predisposition exists, wearing a narrow-toed shoe or a shoe with a high heel, so as to throw the weight of the body against the big toe, has the effect of rapidly developing the disease. It consists simply, as the term inverted implies, of a thrusting of the edge of the nail into the flesh by the side of the phalanx, irritating in this way the soft structures, keeping them in a state of inflammation, and finally causing them to ulcerate, the sore having an exceedingly offensive discharge, sanious, thin, and fetid in character. When the toe is in this condition, progression is difficult, sometimes absolutely impossible. The inflammation in some instances involves a considerable portion of the foot, and gives rise to sympathetic bubo in the groin.

Various operations are performed for the relief of this affection. The operation of Dupuytren consisted in the evulsion of the entire nail. One of the blades of a pair of stout scissors of peculiar shape was introduced through the centre of the nail, carrying it back some distance through the soft structures, and then each half was torn out—a most barbarous, savage, and improper procedure. The operation performed by Prof. Gross consists in cutting out the inverted portion of the nail only. For this purpose the patient is put under the influence of chloroform, and by means of a stout-handled knife, the whole of the inverted portion of the nail, and sometimes a portion of the soft structures, are cut away, the incision being made so as to embrace the root of the nail. In some cases, when the inversion is not very great, it may only be necessary to cut away the overlapping soft structures. There can never be, under any circumstances, any excuse for the removal of the entire nail. The great toe-nail is of much importance in progression. When it is lost, the shoe cannot be worn with the same degree of comfort as when it exists. One can step more firmly when the nail is present than when it is removed, and the pressure exerted on the toe in its absence must always be productive of more or less inconvenience and discomfort. It is, therefore, of great importance to preserve a portion of the nail. If it be necessary to operate upon both sides, still sufficient of the nail should be left to answer the purposes referred to.

The patient was placed under the influence of chloroform, and the inverted portion of the nail excised. She was ordered a quarter of a grain of morphine, and directed to keep the foot at rest for the next five or six days.

### Foreign Body in Nose for Two Years.

Lizzie B., æt. 5. Two years ago a large piece of paper was removed from the nose of this child, which had given rise to offensive inflammation. It was supposed that the whole of the foreign substance was extracted. Since that time there has been a discharge from the nose more or less extensive in quantity and disagreeable in character.

On examining the nostrils, a piece of paper encrusted with calcareous matter was found impacted in the lower meatus.

### Calcareous Tumor.

Anna F., æt. 30. She has a curious pendulous tumor on the right side of the neck, under the ear. It seems to be confined entirely to the skin, and is of about one year's standing. It is painless, excepting when touched.

On removal it was found to be cretacious, chalky or calcareous in character, such a tumor as that observed sometimes in the ear and about the fingers and toes in gouty subjects. This is a very unusual situation for a tumor of this kind.

### Lithotomy.

Thos. F., æt. 7 years, residing in south-western part of city. This boy has been laboring under urinary difficulty for five years. His suffering has consisted in frequent micturation, with a great deal of straining and distress. There has been much irritation experienced in the extremity of the penis, and there is enormous hypertrophy of the foreskin produced by handling the part. His urine is muco-purulent in character. During the last three weeks his suffering has been intense.

A week ago a sound was introduced into the bladder, and a stone discovered. He has been twice sounded since, and a calculus detected each time. During the last week he has been taking a wine glass full of an infusion of uva-ursa, with ten grains of bi-carbonate of soda, three times a day, and one-sixth of a grain of morphine at night.

The boy was placed under the influence of chloroform, and the lateral operation for lithotomy performed. An uric acid calculus, fully one inch in length and three-fourths of an inch in width, was removed.

The water will flow through the wound until the inner portion of it closes up, within the next ten or fifteen days, the time varying in different cases, depending very much upon the size of the calculus and of the incision. In twenty-four or thirty hours the urine will pass for a few hours through the natural channel, either entirely or in part, in consequence of the swelling of the lips of the wound. After that time, so soon as the swelling has subsided, the urine will again pass off by the wound, and continue to do so until finally it assumes its natural channel.

The night or morning before the operation the bowels should always be opened thoroughly, so that there may be no danger of wounding the rectum, and so that the bowels need not be disturbed for a number of days after the operation, which is a matter of great consequence, for any straining must be productive of more or less uneasiness in the wound, interfering with the reparative process.

There are two difficulties in this operation. One consists in reaching the staff, a difficulty which is particularly marked when there is great depth of the perineum; the other, in seizing the calculus, after having made the incision.

### Otorrhœa.

Wm. H., æt. 19. Temperate habits. He has had for a long time an extensive discharge from

the left ear, thick, yellowish in character, sometimes bloody, and more or less offensive, staining the pillow at night. He cannot hear at all out of the left ear. There is considerable swelling, in consequence of which the auditory tube is encroached upon, and the cavity is filled with pus, occluding the tympanum. It is possible that the tympanum has its integrity, but judging from the long continuance of the inflammation it is probable that it is entirely destroyed, and that the disease has extended to the petrous portion of the temporal bone.

This class of disease in children is entirely too much neglected, being often dismissed with the passing remark that the child will outgrow it, thus doing much injustice to the physician as well as to the patient. The treatment should consist of both local and constitutional remedies. Ablutions are of primary importance; the ear should be washed out at least three times a day. If there be fetor, it is readily allayed by the addition to the water of permanganate of potassa or chlorinated soda. In order to change the condition of the affected surface, medicated lotions may be thrown into the ear, of sulphate of copper, sulphate or acetate of zinc, sugar of lead, or what is preferable, a very weak solution of chloride of zinc, a few drops of the officinal preparation, to an ounce of water, a powerful detergent and alterant. A weak solution of nitrate of silver is very frequently of use. Sometimes when the ulcerative process is going on rapidly, the medicated lotion may be applied on a piece of cotton saturated with it, and introduced with a probe to the very bottom of the canal in contact with the affected surface. Or ointments may be employed; the ointment of the nitrate of mercury, very much diluted, is one of the best, applied with a camel's hair pencil. Internally, such remedies should be made use of as are indicated by the condition of the system. This boy is not in need of tonics, as he has a good complexion, and good appetite. He will be treated antiphlogistically.

He was ordered the antimonial and saline mixture, no meat, none of the coarser vegetables, and every fourth night, five grains of blue mass and one of ipecacuanha. As an injection, he had a solution of permanganate of potassa, one half a grain to the ounce. Constant irritation by means of blisters was also ordered to be kept up behind the ear, over the mastoid process.

# Editorial Department.

## Periscope.

### New Mode of Treating the Ligature.

Mr. C. D. Morgan, of Middlesex Hospital, proposes, says the *London Lancet*, a new mode of treating the ligature. Instead of bringing the ends out between the lips of the wound, after an operation, he passes them through the flap at the nearest point, by means of a needle. Thus the wound remains undisturbed, and the effect of the ligature in preventing speedy and entire union by first intention is obviated. The plan has proved very satisfactory in the few cases in which it has been adopted. No difficulty occurs in removing the ligature.—*Pacific Med. and Surgical Journal.*

### Tetanus Successfully Treated with the Calabar Bean.

Dr. E. Watson, of the Royal Infirmary, Glasgow, reports in the *Lancet* two cases of traumatic tetanus occurring in children. The injuries were slight contusions of the toe in one instance, and the finger in the other,—both involving the nail. Three days elapsed in the first case before the Calabar Bean was employed, meanwhile violent spasms (opisthotonos) occurred frequently, being more severe every evening. Immediate relief followed the exhibition of the extract of the bean, but the effect was so transient that the dose had to be continually repeated and largely increased, and as much as one grain was given every hour, this, however, by mistake, though no serious consequence ensued. In forty days the bean was discontinued and the patient well. The second was a less severe case, and recovered in about three weeks. Upon the contracted muscles, the effect of the bean was remarkably apparent, producing in them relaxation, the muscles of the back being last to succumb. The effect upon the pupil was not so great as might be expected from the known results of its local use.—*Pacific Med. and Surg. Journal.*

### Incontinence of Urine treated with Belladonna.

Dr. Jas. T. Whittaker, Resident Physician Commercial Hospital Cincinnati, Ohio, gives in the *Western Journal of Medicine* some cases of the successful use of belladonna in the treatment of incontinence of urine. We quote two cases.

W. B., admitted May 4, 1867, age 26, nativity, Rhode Island, occupation, boatman; states that last January noticed an increase in the quantity of urine voided daily, calls for its discharge becoming more frequent than normal. During the latter part of the month experienceed an increased micturition, with nocturnal incontinence, and less control over its discharge by day; observed also at this time the ejection of a white creamy substance sometimes accompanying, occasionally following the urine; has travelled the round of venereal diseases, having had gonorrhœa twice, the last time three years ago, and syphilis some time before.

Condition on admission—robust but of spare habits of body; digestive functions unaffected; circulation normal; skin rather dry; thirst constant, external examination of the kidney reveals nothing abnormal; scrotum, thighs and penis excoriated by the urine which constantly dribbles away without the cognizance of the patient. Urine, pale and cloudy, depositing an abundant stringy sediment; quantity cannot be definitely ascertained; very much increased, however; spec. grav. 1002; reaction neutral; presents neither sugar nor albumen to appropriate tests. Field of miscroscope displays octahedral crystals of ammonio magnesian phosphates, with granules of lime. Ordered ext. belladonna, gr. ss. every

three hours, and emollient applications to excoriated surfaces.

May 7. Decided improvement noticed this morning; yesterday and to-day has been able to retain the urine by day without difficulty—voided involuntarily, only once last night; general condition, excellent; slight dilation of pupils; interval increased to four hours.

May 10. Has perfect control over the bladder by day; nocturnal incontinence still exists when sleep is very sound; never voided more than once in a night. Discharged with medicine, to return as out door patient.

It is a matter of regret that the patient never re-appeared, though it is, perhaps, presumptive evidence of complete recovery.

*Case* 2. D. F., admitted June 11, 1867, age 43; nativity, Pennsylvania; occupation, laborer; states that he has frequently officiated at the shrine of Venus, and often been a martyr thereto.

Some eight months ago was exposed to the liability of contagion; a few days after coition a clap appeared; discharge continued for some time with the usual phenomena of the disease.

After the cessation of the discharge, experienced a burning sensation in the urethra, which has continued to the present time, with severe pain in the right hypochondriac region posteriorly; states also that he has incontinence of urine at night, and but little control over it by day.

Condition on Admission.—Apparently older than ascribed age; below average strength, evidently an old stager; lateral curvature of the spine exists, convexity toward the left in the lumbar region; complains of constant pain in the region described; nothing unnatural in the condition of the genital organs. Urine perfectly normal. Ordered ext. belladonna, gr. j. ter. die. Emplast. canthar. over seat of pain.

June 14. Improvement marked; perfect command over the discharge of urine; burning sensation in urethra entirely disappeared; pain in the back alleviated by the blister. Discharged.

### Tetanus.

Doctor Phares, *Richmond Medical Journal*, July, 1867, speaks of the *Passiflora Incarnata*, as a most valuable remedy in the treatment of *tetanus*. The form recommended by Dr. Phares is the inspissated juice of the whole plant; this juice is dried and powdered, and is given "in doses of from one to four teaspoonfuls, repeated *pro re nata*." The writer also speaks favorably of it in neuralgias, in ulcers, and in erysipelas.

While referring to the treatment of tetanus, we may observe that abroad the calabar bean is reported to have been used successfully in some cases of this disease. *Western Jour. of Med.*

—— Dr. Wm. Carson, of Cincinnati, is anxious to obtain statistics of cases of hepatic abscess. Those of our readers who may have had such cases in their practice, would do well to communicate with Dr. C., and he will furnish them with *blank forms*.

# Reviews and Book Notices.

### NOTES ON BOOKS.

The most recent medical publications in Paris, are a treatise by Dr. Damaschino on "The Different Forms of Acute Pneumonia in Infants;" Dr. J. Rollet's "New Conjectures on the Disease of Job;" a description of the method of instruction employed in the deaf and dumb asylums of Toulouse, by the Abbe Chazotte; and a work by Dr. V. Burq, entitled "Metallo-Therapeutics, or Copper in Cholera; Facts and Observations since the Epidemic of 1849; Inquiries and Experiments in the Hospitals." The sulphate of copper, it will be remembered, was Dupuytren's favorite prescription in cholera.

In Great Britain a "Manual of Pharmaco-Dynamics," has appeared from the pen of Dr. Hughes; and Dr. Pavy has just published a "Treatise on the Function of Digestion."

The American press will shortly bring out in New York a translation of "An Introduction to Chemical Philosophy according to the Modern Theories," of Dr. A. C. Wurtz; while an "Introduction to Pharmaceutical Chemistry," by Fuller; a translation of Trousseau's "Clinical Medicine," by Dr. Bazine, with notes by an American Editor; Dr. Holmes' "Surgical Diseases of Children;" and an Essay on the "Therapeutics of Inhalation," by Dr. J. Solis Cohen, of this city (who has studied the subject most conscientiously), are to be forthcoming from various Philadelphia houses.

Another book is in press on the popular topic of criminal abortion. With the customary love of "taking titles," manifested by writers on that topic, it is named "Woman's Rights." Are we never more to be able to guess the contents of a book from its title page?

**Clinical Lectures on the Principles and Practice of Medicine.** By John Hughes Bennett, M. D., F. R. S. E., Professor of the Institutes of Medicine, and Senior Professor of Clinical Medicine in the University of Edinburgh, etc. etc. Fifth American, from the Fourth London Edition. With 537 illustrations on wood. New York: Wm. Wood & Co. 1867. One vol. 8vo. pp. 1022. Cloth. For sale by J. B. Lippincott & Co., Phila. *Price*, cloth, $7; sheep, $8.

Dr. Bennett's Lectures come to us in this edition so much enlarged and with such an amount of new matter, that they have all the merit of a new book. The author is without doubt in the very front rank of the British progressive teachers, and his doctrines are bringing about radical and most important alterations not only in the theo-

ries of medicine, but in their daily applications. No physician who would keep pace with the advancement of science can dispense with his writings. They embody strong original views, derived from a most wide experience, and a most conscientious study of clinical facts. They are the exponents of a school almost as different from that represented by such writers as Watson and Wood, as the experimentalists were from the ancient dogmatists.

These lectures are not a good text book for students. They demand a familiarity with practice not found among beginners, and the frequent startling novelties which the author delights to introduce, while extremely suggestive to the disciplined mind, would be likely to sadly discompose the disciple. For example, his vigorous invectives against mercurials, and his assertion that all the so-called syphilitic diseases of the skin are nothing but ordinary skin diseases, modified by mercury (p. 841), his unsparing denunciation of bleeding, and scorn of the "change of type" theory in disease, his deliberate ignoring of all essential difference between benign and malignant tumors, and other peculiar positions, no doubt partially true, are held with a resolution that warps his judgment of their defects. Of course the great leucocythemia controversy—in which our own opinion is that Professor Virchow has the best of it—receives a fresh airing, and the conversion of Velpeau to Dr. Bennett's views on the curability of cancer is introduced with decided complacency.

Very much of the work has been re-written, and without materially increasing the bulk of the volume, its value has been greatly enhanced. We earnestly recommend it to our readers, as the most complete course of clinical lectures from the British press, and the very best exponent of the "new views."

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**The Medical Use of Electricity, with Special Reference to General Electrization as a Tonic in Neuralgia, Rheumatism, Dyspepsia, Chorea, Paralysis, and other Affections associated with General Debility. With illustrative cases. By Geo. M. Beard, M. D., and A. D. Rockwell, M. D. New York: Wm. Wood & Co. 1867. 1 vol. 8vo. pp. viii. 65. *Price*, cloth, $1.00; paper, 75 cts. For sale by J. B. Lippincott & Co., Phila.**

By "general electrization" is meant that method of passing the current through the whole system where one electrode, usually the negative, is placed at the feet, and the other is passed over the surface of the body generally. It is the opposite of the "local electrization" of Duchenne, and the work before us claims, that while the latter is serviceable in paralysis, acute neuralgia, and local disease, the former must be employed where a general tonic effect is desired.

Much, however, depends upon the strength, the frequency, and the manner of its administration, and on these points as well as on the particular class of cases to which it is applicable, the authors propose to give information.

Looking back at the therapeutical history of electricity, it presents a series of warm espousals and contemptuous rejections. We are just now entering another of the first of these periods. Fifteen years ago, the electric machine was remanded to the lumber room; now at least a dozen works a year appear on its employment. We have yet to see the one which will clear up the doubt about its worth, and it will only be when physicians will have the boldness to print their failures as well as their successes, and seek, not renown, but knowledge. In the present work twenty-five cases are reported, twenty-four of which were "improved" or "cured." No account is given of the relative proportion not benefitted, next to nothing is said of failures, no estimate is offered of the whole number treated.

Moreover, nearly all these cases were treated within the last year, and if previous experience proves anything, it does that so-called *cures* by electricity are beyond all others deceptive and temporary. It is impossible, therefore, to derive from it any certain knowledge of the real relative value of the method employed.

The book is beautifully reprinted on tinted paper, from the *Medical Record*. While it is open to the very serious objection just stated, it contains much that will interest those who are studying the medical applications of electricity.

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**Experiments with Bromide of Potassium.**

Messrs. Eulenburg and Gutmann have stated, before the Academy of Medicine of Paris, that doses of from thirty to sixty grains, either by the stomach or injected under the skin, kill a rabbit in from ten to forty minutes. Smaller doses momentarily disturb the action of the heart, and paralyze the power of moving and feeling, causing a few antecedent shivers. On a post-mortem examination of the animals, no change, but some congestion of internal organs is found. With frogs, a subcutaneous injection of one grain to two causes, after ten or fifteen minutes, loss of movement, reflex action and feeling, with arrest of respiration, weakening and infrequency of cardiac ventricular action, retardation of peripheral circulation, and lastly, complete diastolic arrest of the heart's action. These effects are attributed by Messrs. Eulenburg and Gutmann not to the bromine, but to the potassium.—*Lancet.*

Medical and Surgical Reporter.

PHILADELPHIA, AUGUST 31, 1867.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

## PATENTS IN MEDICINE AND SURGERY.

The great laws of morality, because they restrict the individual in the satisfaction of his selfish wishes, are forever suffering from attempts at distortion and perversion. Specious arguments are advanced to justify their infraction, and point after point is allowed to fall into desuetude, until custom itself is advanced as a sufficient excuse for their neglect.

Such is the condition of medical ethics just now on the subjects of patented medicines and instruments, and on specialties in practice. An acute writer published a few years since, in the now defunct *Journal of Social Science*, a defence of the latter, which had been declined by the American Medical Association, while for the former a well written and dangerous plea was accepted and published in the last volume of the Transactions. Moreover, as this was not the report of a standing committee, it was not covered by the disclaimer at the head of the volume, but might have been, and *has been* received in some quarters as the tacitly endorsed opinion of the body. It is our intention sturdily to oppose both these proposed changes, believing them both antagonistic to a high professional morality. We do not know that we have any new arguments to advance, but it is worth while to reiterate emphatically some whose sound has been uncertain of late, and to hold up certain reprehensible laxities that are becoming sanctioned by custom.

The argument in favor of patents is briefly that medicine is a trade, in which everything is subordinate to money making, and that a man should be protected, therefore, in the fruit of his skill. The reply to this is simply that the premise is false; that the highest object of the healing art is to prevent and relieve pain; that he who for the purpose of gain conceals, or makes difficult, or dear, means which he knows are of superior efficacy in accomplishing these ends, sells his conscience for gold. But, it is objected, are medical men to be beggars? Have they not mouths to feed and backs to clothe as well as others? Are they to give all their goods to the poor, and throw in the products of their brains, too? Far be it from us to suggest such romantic philosophy. It might have passed in Judea eighteen centuries ago. Even later, in what we call the Dark Ages, we read of a Doctor Van Helmont, whose name is perhaps not totally unfamiliar to our readers, proclaiming that "the healing art is an office of love and mercy, the last and highest application of all knowledge, the living reality of Christian duty, not to be practised for the sake of gain or without love to humanity." But fortunately the Dark Ages have passed, and we are ready with other arguments; ready, for example, to maintain that the surgeon who invents an ingenious and useful apparatus, does not lose the profit of it by making it public. He increases his fame, he gains greater respect from his brethren, and his visiting list comfortably lengthens in consequence. We believe he makes more thus than if he filed a caveat; it is a shrewder "dodge."

While progressive minds see no reason why a surgeon should not patent an instrument, they perceive many why a secret preparation should not be used; they would have all patented; and if neither, then they would object to copyrights on the same ground. But the copyright does not limit knowledge, as it never extends to the ideas advanced, so the assumed parallel is no parallel at all. To monopolize medical preparations is to grow fat on human misery, if the preparations are valuable; and if they are not, it is to swindle the sick and the poor. Moreover, as it is well known that the success of a patent medicine does not depend either on its composition or its secrecy, but solely on the skill with which it is advertised, neither would the publicity of its formula injure it, nor the intrinsic worth it might have hinder its owners from stooping to degrading means to push it in the market.

With a growing laxity on such subjects, it is often supposed by physicians that to prescribe a patent or secret medicine whose composition they know not is not objectionable. We have known many such recommend M'Munn's Elixir of Opium, Helmbold's Extract of Buchu, Ayer's Cherry Pectoral, and even Schenck's Syrup. The result is that the public are daily becoming more and more the victims of quacks, and apothecaries who wish to carry on an honest trade cannot do so. The remedy is to begin at home; *never* to recommend a secret or a patent medicine, and for every town and city medical society to throw its influence in favor of all druggists who will agree not to deal in them.

An attempt to keep the letter of the law but to break its sense, is made by those pharmaceutists who publish the formula of some elixir or syrup or other nostrum, which formula is either practically impossible to carry out, or else contains

some rare and probably unprocurable ingredient, on which ostensibly the value of the compound depends. This is nothing but charlatanism in disguise, and simply aims at gaining by hypocrisy the favor of the profession. To the pillory with such knaves.

There is a constant tendency in certain minds wilfully to ignore the higher duties of the physician's calling, to drag it down more and more to the level of a trade, to speak of it as nothing but one of the means of getting a living. It is a part of the materialistic tendency of our age, and of the single eye we are taught by pulpit and press to have to money as the chief end of man. To this we attribute the deliberate advocacy of lower motives and more sordid aims, which has arisen within the last few years. No matter from what quarter they appear, under what sanction, or in what disguise, we propose to offer them the battle to the death, and to display them in their real, unamiable light.

### NOTES FROM THE EXPOSITION.

In looking over the letters from Paris to the scientific journals, we notice several points of general interest to physicians and pharmaceutists, especially in reference to new preparations.

Now that a modified form of the theory of the organic origin of many diseases is gradually passing from the state of hypothesis to that of fact, the agents which promote and retard the development of organic life are destined to take the first rank in rational therapeutics. The opposites in this respect are the phosphoric on the one hand, and the sulphurous and phenic acids on the other.

It has been demonstrated that gelatinous phosphate of lime facilitates putrefaction, which is but another way of saying that it favors the development of the lower forms of organisms. By a similar, perchance identical action, it assists digestion, hastens the discharge of waste tissue, and furnishes directly material for bone and nerve structure. It is offered by M. Collas in the form of milk of hydrated phosphate of lime, and the active element, the phosphoric acid, is also elegantly prepared as a lemonade, and as phosphate of soda.

Phenic, or as we more commonly call it, carbolic acid, would come into greater use were it a more manageable drug. A specimen of a phenol soap is offered, and is claimed to be of great use in skin diseases, while a perfumed phenol is presented, said to be a really delightful toilet water and dentifrice. The proportions used are ten grammes of the crystallized acid to a litre of water, with various aromas. When used as a dentifrice, a spoonful of this is added to a quart of water. The phenate of soda can be used with great success as an unguent (one part to ten of simple cerate) in parasitic affections, and a comb dipped in a solution of it, and passed through the hair is an efficient remedy in pityriasis, etc. Internally it has been administered by inhalation, by injection, and by the stomach. For the latter purpose a solution of one part in a thousand has been employed.

Few readers are perhaps aware of the method of extracting the cod liver oil. The fresh livers are heated in metallic vessels to 180 degrees F., and constantly stirred until they break down into a pulpy mass. This is strained through calico bags, the oil obtained, filtered, and put up for use. Besides the cod, specimens of squalus liver oil are offered, and various "creams" and "extracts," "iodinized" and "phosphorated" oils, all of which are of questionable utility, or at least superiority. When first expressed the oil has a seaweed odor, which cannot be retained.

In place of the valerianate of ammonia, the valerianate of triamyline is proposed, specimens of which are shown. It contains four equivalents of valerianic acid, but the substitution of triamyline for ammonia is of doubtful propriety.

As a substitute for poultices an ingenious druggist proposes a thin impermeable tissue of gutta percha, or similar stuff, enclosing a double layer of swan skin. The latter, wet with a hot decoction of linseed, slippery elm, poppy, hops, etc., will thus retain a heat 150 degrees F., as long as twelve hours, and is devoid of odor, unpleasant weight, and inconvenience of preparation. The objection to it is that this is not an application of moist, but of dry heat, and their effects are essentially different. Of other novelties we may speak at a future time.

## Notes and Comments.

### Medical Transfer Agency.

Our readers will have noticed from the advertising pages, that we offer our office as a medium of communication between physicians who are in search of localities to commence the practice of medicine, and those who from age, illness, or other cause, contemplate relinquishing its arduous pursuit altogether, or wish to share its burdens by accepting a partner. It appeared to us that such a channel would benefit hundreds of worthy and striving young men, by pointing them out openings for the immediate exercise of

the professional acquirements, and thus avoiding the long and dreary years of waiting, so cheerless and oppressive. It would be not less welcome to many older practitioners, who would thus be enabled on quitting the harness to hand over their practices to some one of whose fitness for it they could satisfy themselves, and at the same time secure an adequate compensation for a position so toilsomely won. The ready responses we have received from both sides encourage us to continue and extend our plans. We have already the sale of many desirable locations, and others are being offered daily. That applicants are also numerous, it is superfluous to add. All such transactions are conducted in that confidence which is so peculiarly necessary in professional matters, and applicants are not informed of the names and address until they have consented to the terms. The Reporter offers an unsurpassed means of bringing the practices for sale to general notice; but in addition to this, we shall shortly have ready an extended List of Practices to be distributed to the profession at large. Such Agencies have been established in Great Britain, conducted by men of high standing in the profession, and their influence is good. It shall be our endeavor that by moderation in charges, and delicacy in management, our enterprise also may be mutally beneficial.

### Allopathy and Reform.

A correspondent in Georgia has forwarded us a copy of the "Annual announcement of the Reform Medical College" at Macon in that state. It is a precious document! By "reformed medicine" is meant Thomsonianism, a branch of quackery well nigh obsolete in many sections, but rampant enough in others. As its chief sustenance is abuse, of course the announcement deals liberally in the "short-comings of allopathy," "murderous erroneous allopathy," whose advocates are termed "modern poisoners," and its works "the unfruitful works of darkness." We heartily agree in this respect with the Reform Medical College, though so far as we know there are no allopathists at present, and the reformers must either be singularly at fault in history, or delight in setting up a man of straw to knock down. Allopathy, like Thomsonianism, being an "exclusive dogma," is repudiated by scientific medicine, and neither the one nor the other is advocated, except by quacks and fools.

The reformer seems particularly aggrieved that the Confederate Congress did not admit them to the army medical staff, and call it a "more than Japanese exclusiveness." On which our correspondent remarks that the congress "argued, (or might be presumed to have done so) that we were blockaded, and that it would be all we possibly could do to furnish camp kettles for the army, and therefore could not find vessels suitable to make *teas* in."

### The Public Health.

A correspondent writing from Florence, Italy, says:

From a report on the cholera lately published, we find that the cases from January to July, this year, have been as many as 63,376, followed by 32,074 deaths. The Sicilian provinces have been the most grievously affected by the malady. In Goigente 16,014 cases are reported, and 7,310 deaths; in Bari (Neapolitan province), 11,116 cases, and 6,412 deaths; at Caltanisetta (Sicilian province), 7,191 cases and 4,110 deaths. In a word, we find that death followed the attack in above half the number of cases.

A Naples telegram of the 9th says cholera was making terrific ravages at Palermo. The average number of deaths was 190 daily.

The cholera is said to be making alarming progress at Warsaw. As many as 300 cases a day occur in a population of 300,000. Since the 2d of June, when the epidemic appeared, about 4,000 persons have been attacked, and more than half the cases have terminated fatally.

In this country, the disease does not seem to make rapid progress. It seems to be subsiding still on the Western frontiers. A few cases are reported in some of the large Western and South western cities, and in New York, but it does not seem to become epidemic except in a few circumscribed localities.

The yellow fever continues its ravages in the South-west. It has been declared epidemic in New Orleans. During the week ending 6, A. M. Aug. 18th, there were 26 deaths from yellow fever, 4 bilious, 14 congestive and 8 typhoid. On the 18th, there were reported 12 from yellow fever, other fevers 9, cholera none, other diseases 13. On the 23d, 19 deaths were reported from yellow fever. At New Iberia, Louisiana, and Galveston, Indianola, and Corpus Christi, Texas, no abatement in the disease is yet reported.

### Inebriate Asylums.

The New York State Asylum for Inebriates at Binghamton, we are glad to announce, is under successful operation, under the efficient superintendence of Dr. Albert Day. About thirty patients are under treatment. But "what are these among so many?" There are thousands of dram

shops hard at work, making drunkards—seven thousand of them in New York city alone! It is estimated that there are one hundred thousand drunkards in the State of New York, and as the average life of the drunkard is ten years, ten thousand are annually going down to the drunkard's grave. In view of this fact, think of *thirty* drunkards being under treatment! But if these can be saved, some good will be done.

The asylum located at Media, near this city, under the charge of Dr. Parrish, is also accomplishing a good work. We understand that it has all the patients that it has accommodations for, and that the results of treatment, so far, are very encouraging.

To combat the crying evil of drunkenness, let the influence of our profession, both by precept and by example, be in favor of the principle of total abstinence socially, and of prohibitory legislation politically.

# Correspondence.

## FOREIGN.

### Letter from Paris.

Paris, July 23d, 1867.

**Astigmatism.**

Editors Med. and Surg. Reporter:

At the séance of the Academy of Medicine of the 9th of July, M. Gavarret read a report on a memoir by Dr. Javal, concerning astigmatism, or ametropia, as it was formerly called. This memoir describes a little apparatus invented for the qualitative and quantitative detection, given of the remediable form of the disease. The theory of the apparatus is based on the following observations.

In an eye normally constituted, the surfaces of separation of the different refrangent media are regular, and may be considered as surfaces of revolution around the optic axis. Hence the point of the dioptric apparatus is sensibly the same for all meridians of the optic globe. In other terms, the light, in its passage across the transparent media of a normal eye, obeys the same laws as regulate when traversing an ordinary dioptric apparatus.

It frequently happens, however, that the curve of the surfaces of separation of the transparent media, varies from one meridian to another, and so that these surfaces are no longer concentric to the optic axis. This view of conformation, this asymmetry, occasions the functional difficulty known as astigmatism. When an asymmetry in which the variation of the curve diminishes gradually and constantly from one meridian to another, it is called regular, and experience and calculation show that this may be corrected, and the effects remedied, simply by correcting the asymmetry of the two principal meridians.

The asymmetry may affect at the same time the anterior face of the cornea, and the two faces of the crystalline lens, or these last two only; but it is rare that the two faces of the cornea and the lens are affected coincidently.

To detect this defect in the eye, and the glasses needed to detect it, is M. Javal's apparatus designed. The patient, with his eyes widely opened, looks through convex lenses of five inch focal distance, at a card, upon which are traced two similar dial plates, which are separated from each other by exactly the same distance as the glass lenses, and are placed exactly opposite the eyes. From the centre of the dial in front of the eye to be examined, radii, indicating the hours and half hours, are drawn to the circumference. The angle comprised between any two radii, is therefore about 15 degrees. The card is first placed in the focus of the lenses. The patient combines the two images into one; the axes of his eyes are then necssarily parallel. Then, by means of a metallic button placed on the side of the apparatus, the objective card is removed to such a distance that the images become confused, but remain combined. Then the card is gradually approached to the patient until at a certain distance he can say, "all the radii are dim and confused except one, which I see very distinctly." This indicates, 1st, that the eye examined is astigmatic; 2d, that the image of the objective card is in the focus of the principal meridian at the *minimum curve;* 3d, that the principal meridian at the maximum curve is in the plane of the single radius seen distinctly.

This ascertained, a series of diverging lenses is passed before the eye. This series contains twenty different combinations, from one-ninety-sixth to one-fifth. At the moment that the lens comes in front of the eye, its axis is in the plane of the principal meridian at the minimum curve, so that it does not displace the focus of this meridian, while it pushes back the focus of the meridian at the maximum curve.

When the patient says, "I see all the radii with the same clearness," the focus of this last meridian has retreated sufficiently to coincide with the focus of the other meridian, and the asymmetry is corrected.

The oculist has therefore ascertained, 1st, that the eye examined is astigmatic; 2d, what angle the two principal meridians make with the horizontal; 3d, what numbered cylindrical diverging lens is needed to make the two foci coincide. In view of these results, the commissioners warmly recommend his apparatus.

### Ante-Columbian Surgery in Peru.

At the Imperial Society of Surgery the other day, M. Broca presented a skull, found in Mexico by Squier, in an old tomb near Cuzco, in the valley of Guxay, of a date anterior to Cortez. The interest of this skull to the surgeons lay in the fact that it had been trepanned! The opening was situated on the side of the left frontal bone, and the appearance of the surrounding osseous tissue, demonstrated beyond possibility of doubt, that the operation had been performed on a living person. M. Nelaton estimated that the patient should have lived at least eight days after the operation.

The skull presented no trace of fracture, and the aspect of the internal table of the bone at the level of the perforation, indicated that some internal lesion had been the occasion for the operation. The fact that such lesion had been diagnosed, and the operation undertaken for its cure, intimates rather advanced theoretical ideas of surgery. But the practice seems not to have kept pace with the theory, since the surgeon evidently possessed no instrument express for the purpose, but, as appears from a careful examination of the square opening with straight regular edges, operated with some kind of ordinary chisel.

### Cerebral Hemorrhage.

At the Society of Biology, M. Charcot read an interesting communication upon certain symptoms characterizing the first period of cerebral hemorrhage. He presents some considerations which he considers as equally important as means of diagnosis and prognosis, and for their bearing upon the physiological theory of the nervous system. He pronounces erroneous the common assertion that the paralyzed side is permanently colder than the other. On the contrary, the lowering of the temperature is only momentary, and is succeeded by a rise, that at first equals, then surpasses that of the uninjured limbs. The palms of the hands generally become suddenly red at the moment of the hemorrhage.

Another symptom is the formation of eschars on the gluteal region of the paralyzed side. These eschars are heralded by livid redness of the parts about to be affected; which, however, disappears under the pressure of the finger. Presently, in the centre of the red blotch appears a dark wine-colored spot, from which the epiderma falls, and which ultimately changes into the black patch of the eschar, which continually increases in extent and depth. M. Charcot considers these eschars as an almost certain sign of the fatal termination of the disease. Death occurs 13 times in 14 cases, and is usually preceded by the sudden elevation of the temperature of the trunk, as in cholera.

The cadaveric rigidity of the muscles of the paralyzed side after death by cerebral hemorrhage, bears a strong resemblance to that observed in persons killed by lightning, inasmuch as it occurs very promptly, is not intense, and lasts but a short time. This condition is precisely the opposite of that observed by Brown-Séquard in a paralysis of the vaso-motor nerves, when the vitality of the parts was found to be increased, the electric excitability greater, and the cadaveric rigidity more tardy and more persistent. Hence is made manifest a striking opposition between the effects of paralysis of the cerebro-spinal and the sympathetic system of nerves.

### Naso-Pharyngeal-Douche.

Prof. Weber has just invented a naso-pharyngeal douche, which serves to wash out the nasal cavities and pavillions of the eustachian tubes, and to make medicated injections upon their surfaces. The instrument is furnished with an extremity exactly the size of the nostrils, so that the liquid cannot run out. By pushing the piston of the syringe gently, the liquid is forced into the nasal cavity of one side, fills it, and overflows into the upper part of the pharynx, where it bathes the mouths of the tubes, and then passes into the nasal cavity of the opposite side. But there is no reason to apprehend that it will pass down the throat, since Weber has proved by experiment, that the pharynx is always closed below, by the elevation of the palate when the nasal cavities are filled.

### Pharyngeal Tumor.

In speaking of explorations of the pharynx, I am reminded of an interesting case of pharyngeal tumor, recently occurring at Hotel Dieu, in the service of M. Richet. This tumor began its developement in the substance of the soft palate, and bore a close resemblance to those resulting from an hypertrophy of the glandular elements of the tissue. It soon ulcerated, and became extremely painful, rendering both deglutition and respiration difficult. An operation was projected, but M. Richet resolved first to try the effects of sublimate and iodide of potassium. Under this

treatment the ulcer healed, the tumor rapidly diminished in size, and the patient was entirely cured.

### Glosso-labial Paralysis.

A patient has just left the service of M. Heiard at Lariboisiere, who has been the object of much interest, as the victim of that curious, and rather rare disease, glosso-labial paralysis. This malady formed the theme of an interesting clinical lecture given the other day by M. Fournier, supplying the place of Gersolle. I did not see Fournier's patient, which was a type case, while that in Heiard's ward was additionally interesting, because it seems to constitute a new variety, or at least one not hitherto insisted upon.

For a prominent characteristic of the classic form of the disease, consists in the insidious slowness with which it is developed. With the subject in question, it was entirely different. He awoke one night, and discovered that he was unable to speak. He declared that at the time he was perfectly well, and experienced no pain or unusual sensation.

The patient is a man of about fifty, large build, robust constitution, but quite thin. Has never had a serious illness in his life. Is aware of no moral or physical cause for the present attack. At the present moment his general health is perfectly good, he suffers neither pain nor uneasiness, sleeps well, appetite and digestion good, no sign of fever. Intelligence, which seems to be naturally vivacious, is perfectly intact, and in spite of his violent struggles at distinct articulation, and his perplexity at his own state, he is not in the least nervous. There is neither paralysis, hyperæsthesia or anæsthesia, in either of the limbs.

The defect in the speech lies entirely in the articulation, enough sound is emitted by the larynx, but the lips are incapable of shaping the words. The patient mumbles completely, and with much precipitation. The lips do not tremble, as in progressive paralysis, but seem incapable of *adjustment*, the patient twists them with prodigious efforts, but cannot succeed in making them at the same time project and close upon each other. Hence no letters that require this movement, as the vowels and labials, can be pronounced.

The food is not properly retained in the mouth; during mastication it falls up behind the gums, and the patient is obliged to pull it out with his fingers, or it even drops out of his mouth. There is no deformity of the face, however, when the patient laughs, for both the facial nerves are equally affected. Finally, the tongue is affected. It is only with the greatest difficulty that the patient can turn it in any direction, and the effort is so great that the scapula hyoidien muscle is seen to contract. To this paralysis of course is partially due the deficient articulation. The sense of taste and the ordinary sensibility are both preserved. The sensibility of the lips and cheeks is also normal. No paralysis of uvula or soft palate, nor is the voice nasal as is usual in the disease. Such is the assemblage of symptoms, for which it is sufficiently difficult to find a complete explanation.

At first sight, it seems absurd that such a disease should ever be attended with fatal consequences; yet, according to M. Fournier, this is almost invariably the case. The starting-point of the evil lies in the defective retention of the food in the mouth, which gradually interferes with nutrition, and the patient is actually starved to death, because the effort of eating becomes so fatiguing as to be intolerable. (When the uvula is paralyzed, deglutition is seriously embarrassed by the reflux of the food to the nasal cavities.) The symptoms once declared, have never been known to retrograde. The prognosis, therefore, for the patient in question was most grave, in spite of the limited character of the disease.

Scarified cups were applied to the nape of the neck on the first day, and on the second a permanent blister. The third day, a purgative was administered. Coincidently with this treatment, the improvement in the patient's condition, that had already commenced before his entrance into the hospital, continued. By the 27th of May, he could speak so as to be well understood, although the speech was still very badly articulated, and affected with a curious irregularity of rhythm. From this time his condition remained nearly stationary, although the patient himself continued to believe that he was improving. About the 20th of June, he was ordered sulphur baths every day, and electrisation three times a week. The electric current was directed to the nape of the neck. I am not sure whether or no a circuit was formed with the muscles of the face. From this date the improvement was rather marked. The stuttering remained the same, but the patient was able to talk much longer without fatigue, and, indeed, as if habituated to the embarrassment, began to converse with his companions as freely as in ordinary health. The last fortnight of his stay in the hospital, the electrisation was performed every day. Finally, on the 17th, the patient left the hospital; the speech still shapeless and mumbling; the mouth slightly deviated; great diffi-

culty in turning the tongue to the right; impossibility of whistling. Yours, M. P.

## DOMESTIC.

### Consultation with Irregular Practitioners.

[Without, of course indorsing the recommendations of the following communication, we would call the attention of our readers to it. In the case of the article by Dr. Up De Graff, published some months since, referred to last week, we would say that he was assisted in the operation by members of County Medical Societies, some of whom recommended its publication in our columns.—Eds. Med. and Surg. Rep.]

Editors Med. and Surg. Reporter:

Believing that our code of ethics concerning consultations with irregular practitioners is injudicious, and based upon false premises, I beg leave to offer my reasons in your journal.

While admitting, that a regular medical education is essential to the *perfection* of medical qualifications, I deny that, in the abstract, it is the only presumptive evidence of ability to practice medicine. The time has come, and it would have been to the benefit of science and to our profession if we had years ago acknowledged it, when no party of men, however wise, or well educated, or who from any extrinsic circumstances, because of their conditions, claim to be the only guardians of truth and morality, or religion, even, will meet the approval of an intelligent community. It savors too much of arrogance and conceit, too much of that spirit which believed nothing good could come out of Nazareth, and it furnishes an effective lever to those artists who love to caricature us.

In olden times, I well recollect, how my cap came off when in presence of the "minister," but who cares for the office now, unless merit goes with it.

When we get wise enough to let our *merits*, not our means of education, be the criterion of our claims to public confidence, quackery dies, and not before.

The rule seems to place a tinsel garment upon my shoulders, which my manhood is ashamed to wear. The idea it suggests, that I can be so easily contaminated by a consultation with my inferiors (?) is an acknowledgment of snobbery at which my sense of self-respect revolts.

We deny, in all our other relations to humanity, this principle of necessary contamination, or endorsement of error, because we come into contact with it, and why should we continue the folly *here*, so long as public intelligence sent it adrift years ago.

Look around and see, if you can find amongst the better classes of the community any respect for a doctor, unless, by his intrinsic merits he commands their confidence.

The "divine afflatus," that clothed the profession, in olden times is worn out with us, as well as with the clergy, and it will be better for us to know that we are naked, than to suffer the delusion that we have something over us which the world admires.

The ethic is based also, upon the false assumption, that irregular practitioners are not educated. This is not true—some have better educations than many regularly educated practitioners, and admitting this, concedes no virtue to a poor means of education, it simply admits that there are live, earnest, thinking men who have acquired more education under inconveniences, than lazy dolts have done with the best means at their command.

Some of the irregulars, I have no reason to doubt, are earnest seekers after truth, men who work as hard to master science as the regulars, men who are as honest, free from all guile or tendency to charlatanism, but this ethical rule forbids that I should meet them in consultation, should hold out the hand of fellowship to them, or try to convince them of the error of their way in the best way I know, by a show of superior merit.

It seems to me that this is wrong; unjust to ourselves, unjust to society and unjust to them. I would say, meet these men, try and redeem them from the errors they labor under, and do it always with that manly dignity which comes from a consciousness of power because we are right, and a sincere wish that all others may be. Abolish the rule, and in so doing, trample upon the idea that dictation is essential to our professional character upon subjects within reasonable conceptions of educated manhood.

Let each member of the profession determine for himself what is derogatory to his reputation, and let him stand or fall upon his own merits. Then will men lose all power to build distinct sects, as sects, for a man may believe all that he sees to be truth, corrected only by a better light when it shines. He may practice homœopathy, or hydropathy, but he can claim no distinction as a sect because we *concede* his right of opinion, and *admit* all he can show to be truth in his theory.

All our differences of opinion is the result of ignorance, either of ourselves or others, and the greatest obstacle to progress, is, and ever will be, our unwillingness to concede the right of opinion to others which we claim to ourselves.

I have no fear of opposing quackery with science, and with rascals either in or out of the profession I hold but little intercourse, yet still claim myself competent to determine my conduct.

With the "ics" or "isms" or "pathies" I have no wish to affiliate, but knowing my own imperfections, I pity and not condemn those whom I think err.

The ethic in question is virtually ignored by many of our best physicians either from misconception of its principle or from views like mine, and my honest conviction is that it is a dead law. So long as it remains it will bind some honest men to a course of action that they cannot approve, while others will contrive to get around it, believing in "higher" laws than codes or creeds. If men do not have honor enough to obey right principle, they will be hard subjects to redeem by a law, and if they cannot see the right of a law or rule, I apprehend the rule will be equally abortive.

Wm. W. Gardner, M. D.

*Springfield, Mass.*

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### Ozone as a Disinfectant.

Editors Medical and Surgical Reporter:

As the subject of ozone as a purifier is now attracting attention, I request you to insert in the Reporter the following circular, published by me six years ago.

In treating and experimenting on ozone before my class in chemistry at the Cooper Institute in this city, [New York, 1861,] I explained that careful experiments seem to prove, almost without a doubt, that ozone does not exist in unhealthy localities, as in the fever wards of hospitals, or in some districts at the time of the cholera or other malignant contagious diseases are raging; and always exists in greater or smaller quantities in healthy localities. That therefore modern chemists supposed ozone to be the most powerful disinfectant, considering it after Faraday as simply oxygen in an active allotropic condition, or with Bunsen (which is more probable) as a compound of oxygen and hydrogen ($HO_3$, $HO_4$, or perhaps $HO_5$,) so strongly acid that it possesses the power of decomposing all miasma.

The idea struck me, why has not ozone been fairly tried as a disinfectant in fever wards of hospitals, on board ships, and other locations where miasmatic influences are to be destroyed?

I therefore take the liberty to bring this subject to the attention of those medical men who possess the control of such localities, with the request that they try this new disinfectant, in place of the suffocating chlorine compounds hitherto used, and found by experience to be unreliable, or in place of the different carbides, obtained by the distillation of mineral coal, which are subject to the general objection of a highly disagreeable, and for some persons insufferable odor, which, as far as my experiments have gone, cannot be destroyed without decomposing the substance itself. I suppose that at present many chemists are trying, (as I have done myself.) to deodorise these ethereal oils, instigated to those attempts by the manufacturers of different kinds of illuminating fluids, or by physicians who wish to procure a substitute for the disinfectant of *Corne and Demeaux*, patented in France, and composed of coal tar and plaster.

May not something be done to settle the doubts about the influence of ozone, excited by experiments concerning its presence in diverse localities, which experiments produced conflicting results during the Crimean campaign.

As the manner of preparing it and the tests for ascertatning its presence are given in every modern text book on chemistry, I need not speak of it here. I close with the wish that this disinfectant may be fairly tried, producing it on the infected spot itself in small but sufficient quantity. Of course the necessary precaution and judgment must be used, to prevent the increase of catarrhal affections, if produced in excess, or any other evil effects, which perhaps might result from certain modes of preparation.

P. H. Vander Weyde, M. D.

*Philadelphia, August*, 1867.

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### Remarks on a Case of Poisoning.

Editors Medical and Surgical Reporter:

I notice in your journal of Aug. 10th, an article headed, "Notes of Post Mortem Appearances in a Case of Vegetable Narcotic Poisoning," by Dr. M. M. Brown, of Ithaca." After describing the symptoms under which the lad labored, such as "irritability of stomach," "vomiting," "small red spots on the lower limbs," and afterward "over the whole body," "drowsiness," "sensitiveness of surface," "coma," "small, wiry, and frequent pulse," "rapid respiration," "dark-colored, swollen tongue," etc., the writer adds, "The evening of the 18th of June, he ate the *pyrola*," leaving the reader to infer he was poisoned by this plant.

Now, none of the six species of *pyrola* which are found in the United States are poisonous; nor are any of the *chimaphillæ*, which are now, by most botanists, included in the same genus (pyrolæ), endowed with poisonous properties. Indeed, there is not a single poisonous plant

included within the natural order ERICACEÆ, to which the sub order *pyroleæ* belongs. There is, it is true, a popular prejudice against the *pyrola maculata*, (formerly *chimaphilla maculata*.) so much so, that it is called in some parts of the country "*poison pipsissewa;*" it, however, possesses the same properties, only in less degree, as the *C. umbellata* (*winter-green pipsissewa*), namely those of a tonic and astringent, with slight diuretic power.

The case related by Dr. BROWN is a very interesting one, and I hope he will prosecute his inquiries so as to inform us what the plant really was which produced such peculiar and striking effects.

On the whole, I suspect the lad had been eating *water hemlock* (*cicuta maculata*), which is often mistaken for *sweet cicely* (*osmorrhiza longistylis*). Some of the symptoms, however, bear a close resemblance to those produced by *belladonna*. But this plant, so far as I know, does not grow in the neighborhood of Ithaca. Being an exotic, it is only found where it is cultivated for medicinal purposes. Had it been this plant that was swallowed, *dilatation of the pupils* must have been a prominent symptom. *The scarlet eruption* also would have been *generally diffused over the entire surface, and not in patches.*

Let us have more light on the subject.

CHARLES A. LEE, M. D.

*Peekskill, N. Y., Aug.* 13, 1867.

# News and Miscellany.

### Choroidal Tuberculosis.

The Berlin correspondent of the *Brit. Medical Journal* remarks:

Dr. COHNHEIM's observations, pointing to the very general, if not constant occurrence of tubercular nodules in the choroidal tunic of the eye, in cases of acute miliary tuberculosis, afford an additional illustration of the assistance the physician may expect to derive from ophthalmoscopic investigations in the diagnosis of constitutional disease. Previously to January last, when that distinguished pathologist, at present the assistant of VIRCHOW, first communicated a paper on the subject to the Berlin Society, only four cases of choroidal tuberculosis had been recorded in medical literature; so that it had come to be regarded more as an anatomical curiosity, without any claim to practical importance.

In every instance, at least seven other internal organs were the seat of tubercular eruption. The lungs were invariably affected, and without exception, also the thyroid gland, which has thus forfeited the immunity it was believed to possess from the occurrence of tubercular growths.

The ages of the subjects ranged from six months to fifty-nine years. With one exception, both eyes were affected. In two cases a solitary tubercle was found on one side; in the majority, from four to eight were seen; in one case, as many as forty were counted in one eye, and fifty in the other. They were disseminated all over the background, either singly or in groups, with occasional tendency to confluence.

### Animal Poisons.

In some experiments on the poison of the cobra di capella, which GEORGE B. HALFORD, M. D., Professor of Anatomy in the University of Melbourne, has been lately engaged in, he has discovered that when a person is mortally bitten by the cobra, molecules of living "germinal" matter are thrown into the blood and speedily grow into cells. These cells multiply so rapidly that in a few hours millions upon millions are produced at the expense of the oxygen absorbed into the blood during respiration; and hence the gradual decrease and ultimate extinction of combustion and chemical change in every other part of the body, followed by coldness, sleepiness, insensibility, slow breathing, and death. The cells which thus render in so short a time the blood unfit to support life, as described by the professor, are circular in diameter, on the average of one seventeen-hundreth of an inch. They contain a nearly round nucleus of one two-thousand-eight-hundreth of an inch in breadth, which, when further magnified, is seen to contain other still more minute spherules of living "germinal" matter. In addition to this, the application of magenta reveals a minute colored spot at some part of the circumference of the cell. This, besides its size serves to distinguish it from the white pus or lymph-corpuscle. The professor adds to his account of the action of this powerful poison that he has many reasons for believing that the *materies morbi* of cholera is a nearly allied animal poison, and that if this, on further examination, should prove to be the case, we may hope to know something definite of the poisons of hydrophobia, small-pox, scarlet fever, and indeed of all zymotic diseases.

### Moral disease accompanying Cholera.

In connection with the prevalence of cholera in Italy it is said that "a symptom of moral disease, quite as melancholy as the physical malady, has been observed, especially in the Calabras and Sicily, though even the northern provinces are not free from its contagion. This symptom is the dread of poison, the belief in its presence through various malevolent agents and noxious influences. In Italy this dread greatly excites the mind of the suffering population, and adds to their calamitous state. A thirst for vengeance upon the soldiers, who are supposed to be in some mysterious manner connected with the cholera, is felt by the people. The unremitting zeal and kindness of the officers and men in the care of the suffering and sick have been nothing to calm the popular feeling. Even when they are assisting the suffering they are regarded with hatred and suspicion—nay, frequently subjected to violence."

### Is my Consulting Physician a Gentleman?

Dr. U. R. Milner, of Jefferson City, La., in a communication to the *Southern Journal of Medical Sciences* "on the Professional Manners of Physicians," makes the following remark, which, unfortunately for the profession, is a well deserved reflection upon the character of many a consulting physician. "It is a bane of the profession, and a fact attested by the experience or observation of every member of it, that at this day consultation, which is a most valuable auxiliary to successful practice, and when properly conducted and appreciated, an invaluable boon to afflicted man, is made, eight times out of ten, the opportunity of one party or the other to injure the other, either by insinuation of some sort or by downright slander. What manners! And what is the effect? Consultations are shunned and ignored, and a general distrust is engendered. If a high-toned, honorable gentleman and doctor is forced to have consultation, and some one is proposed and preferred by the individual or family whom he does not know, the first question he asks himself is, 'Is he a gentleman?'"—*Med. Record.*

### Cryptogamia in Cholera Patients.

Dr. Filippo Pacini claims, in his *Operazione Microscopiche e Deduzioni Patologiche sul Cholera Asiatico* (Firenze 1854,) to have completely anticipated the observations of Klots and Thomé on the "cylindro-tenium" in cholera. Twelve years since, he discovered, and carefully described, these parasitic cryptogamic organisms among the intestinal villi of cholera patients. He estimates their length at one one-thousandth of a *millimetre*. In August 1865, he again referred to the subject in a further memoir in the *Cronica Medica* of Florence.—*Brit. Med. Journal.*

—— Sulphites in Yellow Fever. It is said that most flattering results have been obtained by the medical officers of the British fleet now in the West Indies, from the employment of the bi-sulphites of lime, soda, and magnesia, in the treatment of yellow fever. A full dose of castor oil is given at the onset of the disease and scruple doses of the bi-sulphites every few hours during its continuance. Now that this dreaded pest threatens to ravage our southern sea-board, this eminently rational plan of treatment merits a fair trial.

☞ Just as this number is ready for press, we learn that our article in last week's number under the caption "Charlatanism Exposed," does great injustice to Dr. T. S. Up De Graff, of Elmira, New York, as he is *not the individual* whose paper and posters were before us when we penned that article, but a person who appears to be imposing on the public in his name. We will learn the facts and make further comment hereafter.

[*Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.*]

## MARRIED.

Braman—Gage.—At Terra Haute, Ind., Aug. 13th, Dr. Chandler B. Braman, of Brighton, Mass., late Ass't Surg. U. S. A., and Miss Cecilia S. Gage, of Terre Haute.

How—Dewey.—At Central Church, Thursday, Aug. 8th, by Rev. Henry Fowler, Dr. W. Store How, of Cincinnati, Ohio, and Miss Clara E. Dewey, of Auburn, New York.

Lyle—Harris.—Aug. 15th, by Rev. Noah Coram, at the residence of the bride's father, Dr. J. Nat. Lyle and Miss Lavinia E., eldest daughter of Temple Harris, Esq., all of Dandridge, Tennessee.

## DIED.

Hart.—At Pittsfield, Mass., Aug. 19th, after a short illness, John Hart, M. D., of New York, aged 58 years.

Jones.—In Evansville, Ind., on the 4th of July, Hiram G. Jones, son of Dr. H. G. and Annie S. Jones.

Krepps.—May 8th, 1867, on board the steamer Golden Eagle, near Paducah, Kentucky, Annie D., wife of Dr. C. W. Krepps, of Brownsville, Pa.

Moody.—At Greensburg, Ind., Aug. 17th, Dr. John W. Moody. He was a prominent physician of the State, and for some years held the office of Commissioner of the State Insane Hospital.

Smith.—In Chicago, Ill., Aug. 13th, Dr. Orrin Smith, an esteemed citizen and old medical practioner.

Warren.—In Boston, Mass., Aug. 19th, Dr. J. Mason Warren, an eminent practitioner, aged 56 years.

Westervelt.—Aug. 19, at New Brighton, Staten Island, John S. Westervelt, Jr., in the 37th year of his age, son of Dr. John S. Westervelt.

## ANSWERS TO CORRESPONDENTS.

*Dr. B. S. M.*—The best work on medical microscopy is Beale's. Price, $7.50. The latest and best on the eye is the last edition of Williams (See Reporter, vol. xvii., p. 34). The microscopical examination will be made shortly.

*Dr. J. L. S.*—The cost of a really good microscope would be $55 00. This is "Woodward's Student's microscope."

*Dr. G. W. B.*—"Will you be kind enough to inform me of the best treatment for *milk mouth* as the women term it here? It appears in ulcers in the mouth." We are not familiar with the disease by that name. Is it not ordinary ulcerative stomatitis?

*Dr. C. D. C. and E. L. R.*—"What time do the Edinburgh and London Medical schools open? What are their fees?" The Andersonian University, Glasgow, commences the first Tuesday in November and first Tuesday in May. All fees for lectures and hospitals £40. In the Middlesex Hospital, London, the perpetual fee to all lectures is £105; in St. Mary's Hospital Medical School the fee for hospital practice and lectures is 80 guineas if in advance; a perpetual ticket in Guy's Hospital costs £100, or £40 a year; in St. Bartholomew's Hospital, the general entrance fee is 95 guineas, etc. etc. They all have a winter and summer course, commencing about the first of November, and first of May. A graduate of an American Medical school can visit the hospitals by showing his diploma and paying a small fee. Its exact amount varies. We have no catalogues.

*Dr. J. R.*—In binding the Reporter some persons prefer to leave the advertising pages in. We do ourselves, but in binding for subscribers we omit them.

*Dr. G. A. G.*—Mott's ed. of Velpeau's Surgery is out of print.

*Dr. S. H. B.*—Narceine cost $12.50 a drachm.

## METEOROLOGY.

| August, | 12, | 13, | 14. | 15, | 16, | 17, | 18, |
|---|---|---|---|---|---|---|---|
| Wind..... | S. W. | S. W. | E | N. E. | S. E. | S. E. | N. W. |
| Weather.... | Clear | Clear. | Cl'dy. | Rain. | Rain. | Rain. | Clear. |
| Depth Rain.. | | | | 4 1-10 | 2 1-10 | 4-10 | |
| *Thermometer.* | | | | | | | |
| Minimum..... | 62° | 63° | 72° | 62° | 66° | 66° | 65° |
| At 8, A. M..... | 75 | 73 | 75 | 70 | 75 | 69 | 73 |
| At 12, M..... | 80 | 82 | 74 | 74 | 73 | 73 | 74 |
| At 3, P. M..... | 81 | 83 | 74 | 72 | 73 | 78 | 75 |
| Mean..... | 74.50 | 75.25 | 73.75 | 69.50 | 71.75 | 72.25 | 71.75 |
| *Barometer.* | | | | | | | |
| At 12, M..... | 30.2 | 30. | 30.1 | 30.1 | 29.8 | 29.9 | 29.9 |

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| Ferri et Quin: Cit: 1 gr | 75 |
| " " " " 2 gr | 1 40 |
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| Ferri et Strych: Cit: | 75 |
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| Morphiæ Comp: | 1 50 |
| Opii, U. S. P., 1 gr | 80 |
| Opii et Camphoræ | 90 |
| Opii et Camph: et Tannin | 90 |
| Opii et Plumbi Acet: | 80 |
| Potass: Bromid: 1 gr | 75 |
| Potass: Iodid: 2 gr | 85 |
| Quiniæ, 1 gr | 1 45 |
| " 2 gr | 2 75 |
| " Comp | 1 75 |
| " et Ferri | 1 75 |
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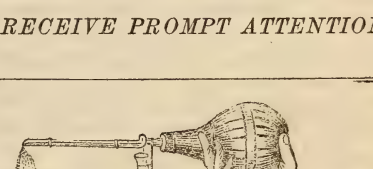


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THE

# MEDICAL AND SURGICAL REPORTER.

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## Communications.

### SURGICAL APPLIANCES IN FRACTURE OF THE PATELLA.

By Wm. Mason Turner, B. Ph., M. D.,
Of Philadelphia.

An English surgeon, some years ago, truthfully remarked, that "the treatment of fracture of the patella was often regarded as very simple, but there were more cases of cripples from fracture of this, than from any other bone."

The anatomical relations of the bone in question, situated, as it is, between two contending forces, which oppose our efforts at approximation and coaptation, is of course the occasion of this trouble. Once overcome, this enormous power coaptate exactly the fractured fragments, and we have our extravasation of blood, our effusion of liquor sanguinis, our organized fibrin, our provisional and definitive callus, as in other broken bones. The laceration of the nutritive vessels is secondary; the real difficulty, all other things being equal, which we have to encounter is, *bringing the broken portions of the bone together, and keeping them there for a certain length of time.* Beyond a doubt, there are collateral troubles, what we might term sympathetic dangers, as cartilaginous absorption, abscess, and synovitis. The patella, too, is generally weakened after being broken, and is liable to refracture, in which case there is often found great exposure to the knee-joint. Sir Astley Cooper relates a case of refracture in which not only the ligamentous union was *torn away*, but the entire integumental covering besides, leaving the articulation completely denuded. If I remember aright, the man was subjected to amputation.

The patella is most frequently fractured *transversely*, but quite often *obliquely*, and occasionally *vertically*. The very great muscular action here exerted is the prime cause, creating the transverse fracture. The efforts to recover a lost equilibrium, as in falling backward, in walking the tight-rope, in preserving the equipoise in the case of the "bare-back" circus rider, and the athletic exercises in somersaults, spring-board acts, and tumbling, are instances in which this violent muscular contraction is observable. In falling backward, the extensors are powerfully taxed to keep the trunk erect on the pelvis, and as the patella does not, in such a case of semi-retroflexion of the body, rest *evenly*, but simply at a point on the condyles, we can readily imagine the strain upon it, the condyle acting as a fulcrum to a lever of the second power.

Sir Astley Cooper refers to cases of transverse fracture resulting from the violent muscular contraction occasioned by the sudden entrance of a gorget in the operation for stone; also to the same fracture occasioned by epileptic convulsions. I believe, however, that there is only one such case reported. It can readily be seen, however, how muscular contraction *can* produce such a result. Dr. H. D'Arcy even reports a case in which both bones of the leg were fractured by muscular action. (*Journal of Practical Medicine and Surgery*, September, 1866.) There was a Paris, in which the transverse and vertical case some forty years ago, in the Hotel Dieu, fractures were combined so well, that the bone was divided very evenly into quarters. In the vertical there was osseous union; in the transverse, ligamentous. And the union in transverse fracture is generally ligamentous; and do what we can, and say what we may, the usefulness of the limb, to a greater or less extent, is always impaired. This is due to more or less elongation of the muscle. There are exceptional cases, ending in bony union, to which reference will be made as we proceed. The rule is simply given here—that transverse fractures, in their cure, are generally ligamentous. To make the exception the rule, is the aim of the later surgical appliances, which we propose to give somewhat in full in this paper.

Oblique, comminuted, and vertical fractures of the patella, are generally the result of direct force or violence, the last (vertical) always so. And in the last, likewise, the union is ready and osseous. As this form of the fracture seldom occurs, and seldom gives trouble when it does occur, we

will state its surgical treatment and be done with it. The limb should be placed in an extended comfortable position, inflammation combatted by leeches or cold applications, and a dressing, consisting of a compress to each side of the fractured portions, secured by adhesive strips, and all retained *in situ* by a turn of a roller, and a figure of 8 termination should be applied. An ordinary fracture-box, for steadying the limb and rendering the patient comfortable, might be judiciously added, but it is not absolutely demanded.

In transverse fracture, the great contention and great struggle has been in regard to ligamentous and bony union. Some surgeons have gone so far as to have grave doubts, if there ever was a *bona fide* osseous union. Beyond a doubt, however, genuine ossification has been obtained in the treatment of these fractures. There is certainly one case following Dupuytren's treatment—the case of re-fracture in the coachman is another. Mr. Gulliver reports two cases, likewise. Sir Astley Cooper, Baron Larrey, and William Hunter refer to them, and report them too. Malgaigne's "hooks" have brought about osseous union. Mr. Cooke, of London, reports another case. Professor Gross, has never, in his own large experience, or in any museum, seen a specimen of real bony union. Professor Henry H. Smith has. He has in his private museum, a fine specimen, showing perfect ossification. History and treatment, however, unknown. Wilson King, of England, likewise Mr. Partridge, report cases of bony union. Dr. Packard, of Philadelphia, reports a case (from Malgaigne's hook apparatus). I think Prof. Pancoast likewise, refers to bony union in these fractures. Dr. Knight, of Baltimore; Dr. Gibson, of the West; and Prof. Paul F. Eve, of Nashville; report osseous union in their own practice. There can, therefore, exist no rational doubt, but that we have frequently had these satisfactory terminations, in transverse fractures of the patella.

A word or so, now in reference to the various apparatus used.

Dupuytren's appliance consisted of the uniting bandage and a compress. Placing the limb thus dressed into a fracture box, properly inclined, his treatment so far as surgical apparatus was concerned, was completed. According to Cooper, a case is reported by Sanson, treated after Dupuytren's method, which resulted in such a strong union, that, afterwards, in a violent contraction of the extensors, the *ligamentum patellæ* was ruptured, but the *united bone, remained intact!* About the time of Astley Cooper, certain eminent surgeons were in the habit of treating these fractures by passing a few turns of a roller, around the limb, above the patella, and the same below the bone. The two circular bands were then drawn together by means of packthread, interlacing and connecting them. The principle was certainly sound. Again, it was the custom to apply a few circles of roller around the thigh, some distance up, and terminate, around the knee, by a figure of 8.

Sir Astley Cooper stated the treatment, broadly and clearly, to consist—first, in relaxing the extensors—second, in coaptating the parts, and keeping them *in situ*, when coaptated. To meet these indications, he flexed the thigh on the pelvis—relaxing to a certain extent the powerful rectus muscle. To this end, however, the vasti and cruralis required *extension* of the limb. For meeting all this, the renowned surgeon, mentioned above, directed that an inclined plane, rising regularly and gradually from the tuberosity of the ischium, and reaching to the os calcis, shou'd be applied, then push the upper fragment to its proper position, and confine it by a roller or any suitable appliance. Sir Astley used a leathern strap or belt, buckled around the limb, above the upper fragment—and then applied a long strap, passing from side to side of the limb, across the the sole of the foot, and attaching laterally to the belt above. He leaves the knee exposed and unencumbered in order to watch and combat any inflammation. It appears to me, however, with all due deference for such exalted authority, that if the belt is applied sufficiently *tight* to do any good, that it would likewise make as much mischief, by strangulating the limb—unless, indeed, continual "watch and ward" be held on it.

The cases under Mr. Gulliver's treatment resulting in bony union, were, the one in a sailor, who fell from the maintop to the deck of a brig; the other in a soldier, wounded in the knee-joint, by a gun-shot. But Mr. G. gave no special apparatus. This distinguished gentleman, experimented, moreover, largely on rabbits and dogs; and concluded, that an absolute *sine qua non*, necessary to bony union (or short interspace), was the *integrity of the aponeurosis.* (Cooper.) Dr. F. V. White, of New York, in an able *resumè* of fractures of the patella, thinks, "that it is within our power to have osseous union in ordinary fractures of the patella, if the fragments can be closely coaptated, even if the aponeurosis is ruptured." He likewise believes that the apparatus of Dr. Thomas Turner, deceased, formerly of King's Co. Hospital, Long Island, will beyond a doubt in careful hands, accomplish this desirable

result (*N. Y. Med. Record*, July 15, 1867). In proper place, Dr. Turner's instrument or appliance will be described, and perhaps some honest objections brought to bear against it. I will simply remark, that from the reputation given it, unhesitatingly by others, Dr. Turner's apparatus is deserving of high mention. But candidly, I think, in one or two particulars, this appliance is inferior, in perfect adaptation of means to ends, to that invented by Dr. J. M. Boisnot, of Philadelphia—to describe which apparatus is one of the chief designs of this paper. But of this, more anon.

In England various plans and appliances are made use of, and it is difficult to say that any one in particular is preferred, at large. In France, however, despite the number of contrivances attainable in the surgical market—Malgaigne's *Appareil de grippes*, or hook apparatus, beyond a doubt, is the most popular. The following *correct* description of this surgical contrivance, so highly esteemed by many, I translate in brief, from the French, of Nysten: "This is called the claw or talon apparatus. It consists essentially of two plates of steel, three centimètres in length (nearly an inch and a quarter—T.), and two in width (about three-fourths of an inch—T.), sliding, the one on the other, and made to approach proximately, by aid of a screw parallel to the two plates,—and passing through a vertical screw-ring, pierced by a screw-nut. The screw is tightened or loosened by means of a key. These plates, bifurcating at one of their extremities, are bent on themselves—forming two extremely sharp hooks. The hooks of the inferior plate are separated only about a centimètre; *they* should contain in their interspace, the top of the patella. Those of the superior plate are separated twice the above distance, and are intended to be imbedded in the base of the bone. Besides, the internal hook should be longer, by 5 or 6 millimètres, than the external, on account of the obliquity of the patella (in itself). It is preferable, likewise, that the hooks be gilded, to prevent oxydation." Malgaigne himself reports eleven or twelve successful cases, treated by his hooks. His plan of treatment was the same as that adopted by Mr. Adams, of England, that is, he *first* reduced the inflammation, and *then* applied the hooks, which were generally retained from thirty to forty days. Mr. Adams favors the hooks too. So do Mr. Pyle, Mr. Henry, and Dr. De Morgan, of Middlesex Hospital. In this country Dr. John H. Packard, of Philadelphia, has given the hook the most unqualified endorsement. He thinks there is no danger of ulceration or necrosis following or attendant upon their employment. In their application he recommends anæsthetics, should it be necessary (*Dr. F. V. White's article, N. Y. Med. Record*, July 1, 1867). Prof. Henry H. Smith is rather opposed to the hooks, as erysipelas *might* result from their application. Prof. Gross does not refer to the hooks at all. Prof. Smith suggests no particular treatment originating with himself, but cites the following: *Dessault's, Boyer's, Dorsey's, Gerdy's, and Dr. Neill's adhesive strap mode, a modification of Prof. Hamilton's.* I rather think Prof. Smith prefers *Dessault's, Dorsey's*, and *Neill's*, as referred to. A full description of these various methods may be seen in almost any work on surgery. Prof. Gross thinks the most efficient contrivance "is a strong well padded tin case, long enough to reach from the middle of the thigh to the corresponding point of the leg, a roller having been previously applied from the toes upward, and another from the groin downward. The superior fragment having been brought into place, is next confined by numerous adhesive strips, carried around the bone above and below the joint, and connected afterward by vertical and transverse pieces. The dressing is completed by the application of a long thick, and rather narrow compress, extended around the upper border of the patella, and confined by the two rollers, passed around the joint in the form of the figure of 8." There can be no doubt, but that this forms an admirable apparatus. Prof. G., likewise gives Prof. Hamilton's appliance, and refers to Dr. Neill's modification of the same. Prof. Gross, remarks, "the plan is an excellent one."

In the *Virginia and Maryland Medical Journal*, for Feb. 1860, Dr. W. T. Knight, of Baltimore, reports a very ingenious and successful contrivance. He says that his first idea of the instrument, was occasioned by a gourd lying by the patient. He argued that by applying the *open disk*, over the patella, the contractions of the *rectus femoris* could be controlled. It succeeded. He then tried a tin muffin ring, with equal success. He describes his invention as follows. "It consists of a ring of stout tin, three inches in diameter at the top, and so shaped upon the lower edge as to suit the form of the knee joint. There is a bar of tin lying upon the femur, and also upon the tibia, which enables the instrument to be secured more perfectly with a roller. A strap with a cushion, for the popliteal space, passing through a loope-hole of tin, on either side, and a buckle attached, completes the instrument. The whole is neatly covered with soft leather."

This instrument looks well, engraved. Dr. Knight treated two cases with his apparatus, and thinks beyond a doubt, he had bony union in both. The doctor pertinently remarks, that the idea of Mr. Pott, and of other older surgeons, that bony union was not desirable on account of increased liability to refracture, proceeded entirely from their incorrect modes of treatment. In proof of his position he refers to high authority—M. Sallemanni, Charles Bell, and others, who not only believed in bony union, but reported cases of it. This apparatus of Dr. Knight's corresponds essentially, with the late appliances—the *ring* appartus of Dr. W. A. Gibson, reported in the *St. Louis Med. and Surgical Journal*, of Oct. 1866. Dr. Paul F. Eve, the western Nestor of surgery, bears high testimony to the ring treatment, and thinks, (and justly), that the profession is under obligations to Dr. Gibson for his contribution to our surgical paraphanalia. But the same rationale guided Dr. Knight in his tin or gourd appliance, and to all intents, it is the same as the ring. In the concluding sentence of Dr. Gibson's article, he says, "* * * * confident from its perfect success that the ring has never been used before, or we certainly would have been familiar with its use." As I remarked above, the *principle* of the gourd or muffin ring is *precisely* the same as the ring of Dr. Gibson; but Dr. Knight invented his apparatus in *the year* 1852. Dr. Gibson and Prof. Eve, both give the best results from their ring treatment. I think, however, a general objection can be raised against appliances of this nature—namely, danger of what might be termed, *local strangulation*, and of adding to a congestion, already of sufficient importance.

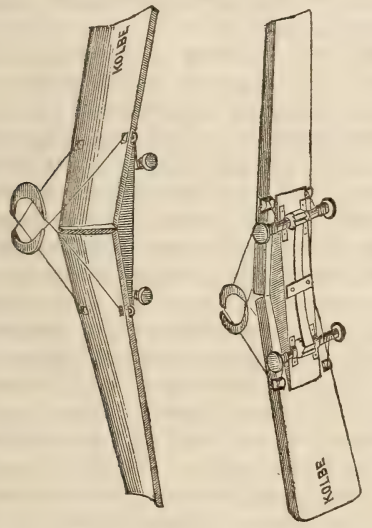
Dr. J. H. Butler, formerly, Demonstrator of Anatomy in the University of Maryland, reports "two cases of wounds of the knee-joint"—in one of which the patella was fractured. He applied N. R. Smith's anterior splint—and local dressings to combat the inflammation. He was successful, no trace of anchylosis remaining. (*Va. and Md. Medical Journal*, April 1861.)

An English surgeon, Dr Ure, of Bartholemew's Hospital, has recently been treating fractures of the patella by "letting the limb, rest on a pillow in the most comfortable position possible. He also stated to me, that the last twelve cases of the kind in that hospital, had received no other treatment, and that the results had been as satisfactory, as from any other treatment." (Dr. Maxson, *correspondent of the* Medical and Surgical Reporter, *Phila.*, Aug. 10th, 1867). This commendable idea of comfort and repose, is well carried out in Dr. Boisnot's apparatus, to be mentioned at length, hereafter.

In my opinion, by far the most complete and elegant apparatus put forward for treatment of transverse fracture of the patella are (1), that of Dr. Thomas Turner, deceased, late of Kings Co. Hospital, L. I., and (2), that of Dr. James M. Boisnot, a prominent young surgeon, of Philadelphia. I consider the latter, *par excellence*, as the superior instrument. There is this to be said of these rival appliances. Dr. Turner's has been tested for several years. Dr. Boisnot's not quite so long. Dr. Turner's apparatus has been recommended by Drs. Detmold, White, Carnochan and others. Dr. F. V. White, is especially decided in his preference for Dr. Turner's appliance, and asserts that "I would not dare to use any other appliance with which I am acquainted. And I think I am sustained in this assertion by the letters, I have the honor to possess, of distinguished gentlemen of our profession, and the result of my own case." From this extract, I am convinced that Dr. White has not seen or heard of Dr. Boisnot's appliance. The truth is, Dr. Boisnot's contrivance, has been brought but little before the the professional public. The inventor, though thoroughly convinced as to its many advantages, is not inclined to herald the merits of the appliance, until a large and an indubitable experience will prove its worth. The apparatus, however, with full description and model, was presented to the American Medical Association which met in 1866 in Baltimore. Knowing the real value of the instrument, I took the liberty some months ago, to call the attention of the medical public to its merits, in a letter addressed to the *Richmond* (*Va.*) *Medical Journal*. It is with Dr. Boisnot's full consent, that I again beg leave to present it to the profession. Dr. F. V. White, who seems thoroughly familiar with it, thus describes Dr. Turner's instrument: "The apparatus,—manufactured by Tiemann & Co., N. Y.—consists of thigh and leg pieces of sheet-iron, with two buckled straps attached to each, united by two lateral bars, and one posterior bar of steel. To the posterior bar, are two troughs (part of a circle), on a double reversed screw, and by turning the key in opposite directions, the troughs separate, or approach each other. The apparatus being japanned, is always ready for new cases, when cleaned. The apparatus should be applied in simple fractures as soon as possible." Then follow directions how to use it. "The advantages of the apparatus are these: the ease of its application; efficiency indicated

by the combining of a posterior splint, with co-apting means. The, knee-joint is exposed to the view of the surgeon and patient, thereby saving anxiety." (Dr. White, *in N. Y. Med. Record* July 15th, 1867.)

I can say nothing of this instrument from personal experience, or observation—but am satisfied as to its *general* adaptation of means to ends. But do not the following objections, bear against it—to wit: (1) absence of pad, or any support in the popliteal space. (2) The instrument *necessitates* a degree of extension, which must be terribly uncomfortable—and which must so throw upward the rectus muscle at the upper portion of the patella, that no strap, by whatever force, can obtain a purchase on the fractured bone. (3) From the mechanism of the apparatus, traction on the straps, *cannot* be but *partially* oblique—hence but partially answering the purpose. The traction must be more or less direct. (4) The instrument is not readily made—a very great item.




Dr. Boisnot's appliance, of which the above is an admirable representation, though possessing some points of resemblance, yet has several marked advantages over Dr. Turner's. It is necessary to state, that when Dr. B. invented his apparatus, some three years ago, he had never seen nor heard of Dr. T's, nor has he ever seen that appliance. Dr. Boisnot's apparatus consists of a common double inclined plane, or a long splint sawed in two, and hinged; this is hollowed out, to fit the convexity of the entire limb. It is bent at an obtuse angle of 60 degrees, the *natural* angle of the leg in this position, in repose. To a stiff piece of board underneath, rollers, notched and provided with a spring, are applied. Over these rollers are his tractors. In his communication read before the Association, Dr. B. says: "The splint is given the form of a double inclined plane, for the reason that the tendon of the *rectus femoris* muscle is on a level with the upper surface of the patella, when the limb is forcibly extended, as in using a straight splint, and hence little or no surface for traction is presented by the superior border of the patella. This is not the case when the leg is slightly flexed, for the patella *then rests above* the depression, between the condyles of the femur. The broad and concave surface of the upper part of the splint, forms an excellent resting place for the posterior part of the thigh, while it serves as a point for counter-extension. The same may be said in relation to the lower part, in its application to the leg; while it has the additional merit of not pressing upon the heel or tendo-Achillis. The tractors are merely pieces of leather, with common cord attachments, which pass over pulleys to rollers, which are notched and provided with a spring to prevent slipping in winding. A strip of ordinary three-inch bandage, at the ends, confines the limb to the splint at these points." Dr. Boisnot claims, (1) comfort to the patient, (2) ample purchase on the upper fragment, (3) ease of application, (4) the *proper oblique*, all necessary traction, (5) the comparative cheapness of the apparatus, (6) its lightness, (7) its very ready manufacture by almost any one, hence its usefulness in the country, (8) its good results. Three grand recommendatory features of the appliance, which all must admit, who will *study* the instrument, are, to wit:

1. Readiness and facility of manufacture. There is no necessity to call in a cutter. A straight splint or narrow plank, sawed in two parts, the joint connected by a piece of canvass, a stout underpiece for attachment of the rollers, a whale bone, or white oak spring, for the ratchets, ordinary spools for the rollers, and twine for the pulleys or tractors, and the instrument is finished.

2. The great comfort to the patient.

3. Its good result.

As mentioned before, unfortunately experience with the instrument has of necessity been small; but what there has been, was entirely satisfactory. The apparatus is earnestly recommended to the profession. It is manufactured by Kolbe, Surgical Instrument maker, 9th street between Market and Chestnut Streets, Philadelphia.

## HERNIA: ITS PATHOLOGY AND TREATMENT.

By E. P. Banning, M. D.,
Of New York.

### Its Pathology.

Perhaps, from first to last, the subject of hernia and its treatment, has received a larger share of inventive consideration than has that of any other physical infirmity; but still it is patent that the desideratum has not yet been fully supplied; and to the writer, it appears that the cause of this partial success is clearly traceable to an incomplete pathology in the premises; inventors of trusses having concentrated their efforts upon the adaptation of appliances to the *hernial track alone.*

Now to every comprehensive professional mind it must be evident, that when any variety of hernia has once been fully developed by any cause, its *continuance* must thenceforth mainly be the result of *pressure from the superincumbent abdominal organs* upon the passages now constituting the hernial track, and also that the relaxed condition of the latter cannot act as a *cause*, but only as a permissive and favoring circumstance in the case. In other words, if it were not for visceral gravity, any amount of weakness in the umbilical, inguinal, or femoral rings, could not develope an extrusion of the abdominal viscera. At most, it would only *favor* it. Gravity is the only continuous and active agent in the disaster. In the working of philosophic law, in mere organic arrangements, and in the living body, there is no difference. If a cask continues to leak, it is not because of unsoundness at the leak, but because of the persistent gravity of the fluid above that point, and if the vessel is inverted upon its sound end, gravity alone, even in a *headless* cask, will render continued waste *impossible.* So also in the living body. When, from any cause, the intestines have made a breach in the visceral fortress, if the horizontal position is maintained, the continued protrusion is rendered improbable; and if the body is *inverted*, a protrusion becomes correspondingly *impossible.*

### Curative Indications.

This view of the case once conceded, it follows as a logical sequence, that the first curative indication in hernia is to continuously diminish both constant and casual visceral pressure upon the hernial opening. This once accomplished, the secondary indication is to maintain such a coaptation of the ring as merely to favor its normal "contraction of texture," or its permanent occlusion by adhesion.

In other words, we see that all hernial trusses should embody the principle of effective abdominal support, as a basal point of primary and cardinal importance, to which a plugging of the hernial ring is altogether secondary. In order to carry out these indications by some modifications, we convert the abdominal and spinal shoulder-brace into what we denominate the Brace Truss. In this capacity it retains all of its local and general supporting properties, with the superaddition of arrangements for occluding the umbilical, inguinal, or femoral and anal rings, without adding to the inconvenience of the subject. It is also so arranged as to be worn either with or without the spinal and shoulder department, just as shall suit the inclinations or necessities of the subject.

Touching the use of the spinal and shoulder department, we will say here, that its use is not *absolutely essential* to success where there is no special weakness; yet, as the spinal part so effectively corrects the trunkal bearings, and adds to the fixed portion of the abdominal plate, it is better to use it.

From what has been elucidated in our other papers, it might seem, at first sight, that the abdominal and spinal support alone would serve the full purpose of a truss, without any hernial attachment, and indeed, this proves to be *nearly* the fact. But, whilst the brace succeeds in effectively elevating the general intestinal mass, such is the plastic mobility and semi-hydraulic property of the abdominal organs, as to cause some slight degree of side pressure at the specially weak part. It is this fact which indicates the necessity for a gentle and special pressure upon the ring, by way of securing an equality of support at all points of the abdominal base. To illustrate: "Doctor," said a tall and lank farmer, who had been wearing the abdominal brace alone for a large inguinal hernia, "it almost answers, but not quite, when I cough and lift hard." "The fact is, there is a great deal of *sqush* in the bowels, and it's that *sqush* that kinder finds its way through the hole when I cough and blow my nose." This expressed it exactly, in homely phrase, and illustrates why some slight and well-adapted *special* pressure, in connection with *general* support, may be requisite at the relaxed hernial passages.

To meet this indication, a scollop is cut out in the lower angle of the abdominal support, and a small oval ball is then made to occupy the space thus made, and is there secured by means of a sliding spring, which is so attached to the abdominal plate by a set screw, that its position

can be shoved out, in, up, or down, and the pressure increased or diminished ad libitum, without at all affecting the location or force of the abdominal support. This hernial ball protrudes just far enough beyond the supporting surface of the abdominal plate, to press the surfaces of the hernial canal together, and to act as a blockade when the "sqush" of the bowels would casually separate them. And yet this slight inguinal pressure would be insufficient to return the gut, without the abdominal support.

Let us now critically observe the workings of such a *supporting truss*, in an aggravated case of inguinal hernia.

First. Before the truss has been applied, there is a steady pressure, not only of the intestines, but also of the stomach, liver and spleen, (and much of the time also, of the swaying and drooping head and shoulders,) upon the unresisting and open inguinal canal. The pressure there is unmitigated, and at every jolt, cough or laugh, it is forcibly increased. *Gravity* then holds high carnival, and concentrates all its force upon the one yielding point. But as soon as the instrument is applied, there ensues an entire change in the relations of the viscera and the superior trunk, to the overpowered inguinal ring. For instance, the abdominal plate has elevated the entire visceral chain. The spinal and shoulder support has poised the weight of the body *behind* the spinal axis, and the joint action of the whole has restored the normal *obliquity* of the pelvis. Also, by this means, the hypochondriac and epigastric regions are expanded, the hypogastria correspondingly contracted, and the inguinal canal is gently coaptated by means of the inguinal ball, which protrudes forward of the inner face of the abdominal plate, and exactly fits the hernial canal, *between the outer and inner rings*. 2d. Should any casualty, such as coughing or sneezing, press the viscera down with sudden violence toward the ring, before the force can bear upon that point and disturb the inguinal coaptation, it is struck by the abdominal spring-support, and in an instant the descent is arrested, its force broken, and on the retreat, and so far as any effect upon the ring is concerned, it is already as though it had not been.

Indeed this whole process may be compared to the protective action of a "break-water" against mountains of wave and ice. The ample barrier receives and breaks the shock, and in an instant, the overwhelming force is not only broken, but on the retreat, and the vessels in the harbor have scarcely felt the shock.

We repeat, then, that the "*break-water*" *action* of well arranged abdominal support is adequate to the purpose, and should constitute the basal principle of every hernial truss.

### Of Femoral Hernia.

Nor is abdominal support, (or this "break-water" principle,) of less value in the treatment of the femoral and that variety of hernia, than in the inguinal, inasmuch as in weakness of either of the abdominal rings the *mobility* of the mass in the abdominal cavity is the circumstance which gives power to the visceral weight. When a *brace*-truss is applied to either of these varieties, the whole slippery and slipping mass is *gathered* and *compacted* in the ascendant, and rendered generally immovable, and made to maintain one given position and bearing; consequently all portions of the abdominal walls exert an equal bearing, and so relieve the femoral and umbilical ring of much of the ordinary casual pressure. Of course, in this case it is under the necessity of far less bruising and irritating protective pressure from a hernial ball.

In Femoral Hernia the crural arch is situated so far below the inguinal rings, that the inguinal truss ball, above described, as attached to the inferior edge of the abdominal plate, will not avail; consequently, in this case, only the ordinary abdominal plate is used, as a *break* to the visceral force, and the crural arch is sealed hermetically in the following way, viz., a perpendicular spring, armed with a small round ball, which is mounted on an automatic slide, is made to depend from the front bar of the brace. This may be at one or both ends of the bar, as the existence of one or two femoral hernias may indicate. These depending springs do not touch the abdominal plate, and are twisted to suit the planes of the femoral rings and the automatic slide, on which the femoral ball is mounted, compels the ball to sit immovably upon the ring in every position of the body; the only motion which the ball has, in any contortion of the body, being a rotary one. This is a desideratum in the treatment of femoral hernia; no previous truss ever having sat immovably upon the ring, the movements of the thigh usually displacing it. This variety of instrument we have never known to fail of filling every indication.

In Hernia, of whatever size or location in the abdomen, this plan operates with peculiar facility and felicity, both as relates to its adjustment and its combined results to the sufferer.

Hitherto, all the trusses for this variety of hernia, have consisted of bandages, or of steel hoops, with an abdominal and a spinal pad. But, so far as we can learn, in no one instance have

any of these plans acted without annoyance. Indeed, in most cases, the sufferer has preferred to dispense with them. The reasons for this are obvious. 1st. Neither the bandage, nor the spring compress incline to sit immovably upon the part, but to slip either up or down, and so to leave the patient unprotected. Next the pressure in the *bandage* truss being equal at all points, produces but little more pressure upon the hernia, than at any *other* of its points of contact. Indeed, we have not unfrequently noticed that its lateral pressure at the hypochondria, had a strong *extruding* action, Added to this defect, is the relaxing and annoying effect of the heat and perspiration, contingent to the use of the bandage compress.

As to the *hoop truss*, it may produce less pressure at the sides, but must correspondingly exert a pressure upon the spine, commensurate with that upon the hernia, which is inadmissible. Indeed, it is a common thing to see quite serious local and general irritation from this counter-pressure upon the spine or its nervous branches. Besides this, there have been two other paramount objections to these arrangements hitherto. 1st. Having no counter and *upward* pressure at the base of the abdomen, the dead pressure at the umbilical pad, usually causes a painful and sickening sensation. This results from the fact that the surrounding viscera have receded and compelled these effects of the pressure; and lastly, the direct tendency of such appliances, is to induce uterine prolapsus and inguinal and femoral hernia, by a direct crowding downward of the viscera upon the abdominal floor.

To remedy this, we first apply the abdominal brace, with or without the spinal and shoulder attachment, as the concomitants may indicate. Next, a spring is attached to the centre of the

Fig. 12.

Front view of Brace Truss, for Inguinal and Femoral Hernia, Hemorrhoids, and Prolapsus Ani, and Supporting Abdominal Plate, armed with small oblong wooden balls, which precisely fit the inguinal canal, and act above the pelvis and the external ring.

*B B.* Accommodating counter supports to the gluted muscles, totally protecting from pressure upon the sacrum, in any posture.

*C C.* Arches of the main-spring, passing above and inside of the crestæ illi, thus avoiding pressure upon either bone, cartilage, or any circulating vessel, and also, rendering the truss totally immovable in any posture on the pelvic saddle.

*D D.* Saddle-like and equal support to the dorso-lumbar spine, not impinging upon the spine.

*F.* Elastic and adjustable support to the anus, in hemorrhoids and prolapsus ani. Attrition upon the anus during bodily motion being avoided by an automatic motion of the ball.

front bar of the brace. This spring ascends to the umbilicus, and is there armed with a cool horn or wooden pad, which presses upon the precise point desired, without touching at any intermediate point; so that between the joint action of abdominal and umbilical pads, the hernia is most comfortably and efficiently retained. In this case the result is attained without any of the above painful, "faintish," or "sickening" sensations. This desideratum comes from the working of the abdominal pad at the base, which has by its supporting action, rendered far less umbilical support necessary, and has also prevented the umbilical pad from sinking so deeply into the primæ vicæ. Upon this point we might report great numbers of the most remarkable results upon corpulent subjects, who had previously suffered much from their perseverance with the best of the ordinary umbilical trusses.

[To be concluded.]

## HOSPITAL NOTES.

By S. F. Coues, M. D.,

Surgeon U. S. N., Naval Hospital, Chelsea, Mass.

### Compound Fracture of Leg.

June 12th, 1867. C. K., 2d class boy, æt. 18. Admitted with compound fracture of right leg, lower third. Fracture of both bones nearly transverse, no communication. Wound anterior, about two inches in length. Leg much bruised. Oozing from the wound, no hemorrhage: general condition perfectly good. Fracture readily adjusted and supported in fracture box.

June 13th. Slept nearly all night after taking liq. morphiæ, f.ʒjj. Has but very little pain, no oozing from wound; temperature normal.

15th. No unfavorable symptoms; suppuration commencing. Bran dressing.

19th. Doing perfectly well till this morning when he complained of severe pain in foot and ankle. Bruised surface upon outside of leg found to have became slightly gangrenous. Removed box and bran. Applied sol. potas. permang.; old brandy and essence of beef.

20th. Has been feverish, but has had no pain. Gangrene has made no progress, confined to bruised surface of calf. Moderate healthy suppuration from wound.

21st. Has had but little pain. Tongue dry, pulse small and frequent. Is very restless and is losing strength. Wound commencing to slough, nourishment and stimulants increased. Application of potas. per-mang. continued.

22d. Sloughing has been rapid, bones denuded. Gangrene of surface increasing and extending nearly to knee. *Amputated above knee from necessity.* Condition of patient very unfavorable. Stump very vascular; muscular contractility unusually great. Bone was divided somewhat higher than was at first intended; about four inches above condyles, an abundant covering of integuments and sufficient muscle left.

25th. Is very weak, suppuration profuse. Nourishing diet and stimulants. Enema.

26th. Great improvement in general condition. Tongue moist and cleaning. Appetite good. Stump looks well; suppuration somewhat less and healthy.

July 12. In excellent condition. Ligatures except of femoral have come away. Condition of stump excellent, granulating and beginning to cicatrize.

22d. Last ligature removed this morning; stump in excellent condition, only about half an inch in centre remaining open. Patient in a perfectly satisfactory state.

In this case a desperate attempt was made to save the limb. Youth and health were favorable circumstances. The severe contusion, the degree of which could not at first be estimated, and the extreme heat of the weather were adverse. It is very doubtful if a primary amputation *below the knee* would have been successful. For the first week every thing promised well.

The accident was the result of the parting of some of the gear and the fall of a davit on board the U. S. S. Franklin, while the crew were hoisting boats. An iron davit fell obliquely across the leg. The fracture could probably have been treated successfully, if there had been less injury from contusion.

### Gun-shot Wound.

June 26th. R. M., landsman, æt., 19. Admitted with gun-shot wound from U. S. S. Guerriere. While firing a salute, in honor of the President, sitting astride the muzzle of a gun and ramming the cartridge, by a premature explosion his right hand was blown off at the wrist joint, leaving the bones of arm exposed about an inch. The integuments were dissected up, the bones sawed and a good stump made by the surgeon of the ship. The whole arm was much blackened and contused by the explosion. He fell into the water and was picked up at the gangway by an officer.

27th. Arm severely bruised, swollen and painful. Cold water dressing—saline cathartic.

29th. Suppuration commencing; stump in good condition. Doing perfectly well.

July 9th. Flaps, which had partially united, separated; wound granulating.

July 18th. Both ligatures came away this morning. Stump in excellent condition.

July 25th. Cicatrization almost perfect.

# Hospital Reports.

Pennsylvania Hospital, *March 30th*, 1867.

## Clinic of Dr. Agnew.

Reported by Dr. Napheys.

### Extensive Burn.

This boy was brought into the hospital on the 22d inst. While on a canal boat on the Schuylkill, wishing to start a fire with great rapidity, he threw some camphine oil on the kindlings, thus burning his face, neck, and arms. He is now looking better than he did a few days ago. When he came into the hospital his eyes were completely closed, in consequence of the swelling resulting from the injury. His hair was crisped by the flames, but the burn has not involved the scalp farther than the upper portion of the forehead. The under part of the chin, the neck, and a very large surface of the arms, extending to the palm of the hand, are also involved.

Burns are more or less extensive according to the nature of the inflammable material, accidents from camphene being apt to involve a very large surface. According to Dupuytren, burns are divided into degrees, founded on the depth to which the injury extends. There is no practical value growing out of this division. It embraces six degrees. The first is where there is simply an erythematous blush of the skin; the second, where, in addition to this, there is vesication; the third, in which the subcutaneous cellular tissue is also involved; the fourth, in which the injury extends down to the deep fascia; the fifth, in which there is involvement of the deep fascia and muscles; and the sixth, where all the components of the limb suffer, the limb being completely charred.

These accidents are grave according to the part of the body in which they are received, and according to the extent of surface injured. When the head or chin and neck are involved, there is danger of the patient suffering from arachnitis. If the burn is situated over the surface of the thorax, he is apt to have pleuritis or pneumonia; if over the abdomen, peritonitis or entiritis. Inflammation of the duodenum is a very common sequel of this affection, no matter what part of the body is involved. Sometimes inflammation of the mucous membrane of the colon ensues, giving rise to an co-existing diarrhœa, which often is sufficient to destroy the patient.

In this patient, on the forehead the burn has simply produced vesication, on the side of the face and neck there is extensive ulceration, the cellular tissue being involved, as is also true of the arms.

A serious and to a great extent unavoidable trouble to be contended against in these accidents, is the deformity which results. The tissue which is developed is called inodular tissue, and it has a constant disposition to contract. This contraction goes on not for a few days, but even for years and during the whole lifetime. In this case it will have a tendency to draw the chin toward the sternum, fastening it in that position, so that he cannot extend his head, and not only so, but as one side of the neck has escaped in great measure, there will be obliquity of the head. His mouth will be drawn awry to the right side, as there will be no cicatrix on the other side to counteract it. There is no way of preventing this entirely, but the tendency may be counteracted in a manner by keeping the head extended during the healing process. The same disposition to contraction will show itself in the arm, but as the burn only extends to the palm of the hand, it is not apt to produce any deformity of the fingers. Still, it will be a good precaution to put a posterior splint on the arm and keep the fingers extended.

In regard to the treatment of burns there is a great diversity of opinion, scarcely any two surgeons agreeing as to the remedies. All of them are doubtless valuable, but there is one which has a great reputation, carron oil, limewater, and linseed oil. The great objection to it is its offensive odor, rendering an entire ward disagreeable. When the burn is very superficial, simply inflaming or vesicating the part, covering it up with flour, and then placing a layer of cotton over it so as to exclude the air, makes a very comfortable dressing. Another method consists in applying cold water, and another warm water covered with oiled silk and a bandage. Lard, deprived of salt, and simple cerate make pleasant applications. The profession is indebted to Prof. Gross for the introduction of white lead and linseed oil in the treatment of burns. It is one of the very best applications which can be used, effectually excluding the air, and being always grateful to the patient. In all cases, no matter whether merely the skin or the deeper structures are involved, white lead rubbed up with linseed oil to the consistence of paste or paint, and placed on with a brush, will be found productive of great relief. There does not appear to be any risk from the constitutional influence of the lead, though it has been suggested, to counteract any tendency of this kind, that the patient should take occasionally a little sulphate of magnesia.

This boy has not been very much prostrated, notwithstanding the extensive character of the injury. He has a good diet, and is on the use of tonics. Flaxseed meal poultices are applied over the face, and lime water dressings to the arm. He has no diarrhœa, and sleeps well at night. The case is progressing as well as can be expected, but the boy is by no means out of danger.

### Extensive Contusion.

This man was brought in yesterday in consequence of a severe injury. He is a fireman, and while running with the hose carriage in advance of the engine, he was thrown down, when first the hose carriage, and then the engine passed

over his left leg, near the ankle, obliquely. His left arm is also seriously injured, but he cannot tell whether the wheel passed over it or not. He has a severe cut just above the orbit of the eye, extending down to the bone. He lost a good deal of blood from the injury, both from the arm and the leg, and was quite feeble when brought into the hospital, but has now recovered from the effects of the shock.

His pulse is now 107, and his tongue moist. There is extravasation of blood in the eye lid, but the eye itself is uninjured. He has upon the temple two cuts, running obliquely across the brow, passing down to the bone, the periosteum, however, not seeming to be detached. The parts were very much puffed up, but the swelling has greatly subsided under the influence of a compress and adhesive plaster. An examination of the leg shows a small portion of bone chipped off, but no fracture of the tibia. In consequence of the severe contusion of the parts, and the great constitutional shock the man has sustained, there is a tendency to sloughing which has already commenced, but it does not extend deeper than the deep fascia of the limb. The leg has been placed in a fracture box, and emollient poultices and deodorizers applied.

The injury to the arm is more obscure, and more serious in its character. When the finger is inserted in the wound and pushed backward, and a little upward, it comes at once in contact with the humerus; the triceps and also the periosteum having been forced off, so that for two or three inches the finger lies in contact with the denuded bone. It looks as though some blunt pointed body had been thrushed in and passed down to the surface of the bone. The arm is very much swollen about the elbow joint, and to some distance below, but not to any great extent above. No crepitation can be discovered nor any separation of the condyles. On comparing the olecranon process with the condyles, they are found to be on a line from which it is inferred there is no fracture of the olecranion nor any posterior displacement, either complete or partial. The radius rotates in its entire length, thus showing it is sound. Neither is there any fracture of the ulna But there has been great difficulty in extending the arm, even the application of force not being able to accomplish it. This has been explained on the ground that there is an immense infiltration of blood which has run down into the muscular tissue, thus necessarily counteracting any disposition to extend the arm. To day, however, it is possible gradually to make nearly full extension. A roller, saturated in lead water and laudanum, was applied from the fingers up, so as to prevent the extravasation of blood and other inflammatory products among the muscles, and the formation of an abscess. The internal angular splint, which has been employed, was altered from a right angle to one more obtuse.

The periosteum is off from the humerus to such an extent that there is danger of necrosis of the lower part of the bone, but the parts will be kept firmly bound upon it, so as to escape, if possible, such a result.

The mental aberration of yesterday has passed off, and he has now become quite rational. How much of it was due to previous dissipation cannot be determined. After an injury of this kind an intemperate man is liable to an attack of delirium, which complicates very much a case of this kind.

### Sprain of Shoulder, Simulating Dislocation.

Eight weeks ago, this man was making a very great effort to lift an ash box, when suddenly his left arm failed him and fell powerless by his side; from that time to this he has been unable to use it. The arm stands off from his body, he cannot bring it to his side. He cannot carry his left hand to the opposite shoulder. There is a prominence of the acromion process, not very marked, while the deltoid is slightly flattened, but not more so than would result from disease.

This is very often the history of luxations, which are only found to be more than sprains after having been treated for some time as such. But there are one or two circumstances here which induce the belief that the case is not one of luxation. In the first place he positively asserts that at first he could bring his arm to his side, and that the loss of his power to do so was subsequent to the accident If there were dislocation of the shoulder, he could not have brought the point of his elbow to his side, for there is no symptom more distinct than this. Again, in all luxations of the humerus the finger can be inserted underneath the acromion process. But while the deltoid is a little flattened here, there is no cavity underneath the acromiom.

The circumstances lead to the belief that there is no luxation, but as on account of the great sensibility of the parts they cannot be handled, the patient will be etherized before a thorough examination is instituted. It is possible there might be a fracture through the neck of the bone high up, the head of the humerus being still in the socket or partly so. He complains of a little numbness of the fingers, which often accompanies displacement of the head of the humerus; this is not so great as it was, at first it was very considerable. There is not much wasting of the arm, though a sufficient time has elapsed to show some inequality in the size of the two arms. The distance from the acromion process to the external condyle on each side is the same.

The patient being thoroughly etherized, it was found that the rotation of the head of the bone could be very distinctly felt, showing that the shaft was still attached to the head. The arm could also be placed at the side; of course, a great deal of the separation so noticeable before must have been due to the resistance of the muscles anticipating pain. The left deltoid muscle has become as prominent as the other. There is no displacement of the head of the bone from the socket, and no evidence of there having been any fracture. No inequalities or irregularities can be felt about the neck of the bone which, after eight weeks standing, ought to be due to the callus if a fracture had taken place. A good deal of synovial crepitation was present. The adhesions which had formed were broken up, while he was under the influence of the ether.

This case shows the importance of anæsthesia in deciding obscure questions of diagnosis. The

position of the arm, which gave the preternatural appearance to the deltoid and the parts underneath the acromion process, was due to the influence of the will on the muscles. There could not have been any fracture because in eight weeks, no treatment having been instituted, there must have been deformity, whereas now everything is perfectly normal. The injury was nothing more than a sprain, the rigidity being due to the false bands which had formed in the joint. These having been broken up, the man, under the use of a stimulating liniment, and motion, will regain the use of his shoulder.

# Editorial Department.

## Reviews and Book Notices.

### NOTES ON BOOKS.

One of the most pleasant old books in a medical library is Dr. James Thacher's "American Medical Biography," full of anecdotes and genial sketches of the professional fathers of our country. The Reporter has already alluded to the laudable intention of Dr. Joseph M. Toner of Washington, D. C., to extend and continue that entertaining volume, and we are glad to learn that the work is well in hand. All who can furnish biographical facts concerning deceased physicians, should by all means put themselves in communication with Dr. Toner, and have them permanently recorded in the forth coming work.

Apropos to medical biographies we may observe that a new edition of the "Biographical Sketches of Distinguished Living New York Physicians," by Dr. S. W. Francis, has just appeared from the press of George P. Putnam & Son of New York. It is on handsome paper, and those of our readers who did not peruse the sketches as they appeared in the Reporter, where they were first published, will find it a very entertaining little volume.

While on medical biography we should mention a work, the first volume of which has recently appeared in England, by Dr. T. Herbert Barker, with the title, "Photographs of Eminent Medical Men of all Countries, with Brief Analytical Notes of their Works." Few are named who are not British, only one indeed in the present volume, Prof. Donders of the Netherlands. The photographs are said to be well executed.

The "Annual Report of the City Registrar of Boston" for 1866, has come to hand. The facts are admirably classified. The comparative decrease of births of children from native born parents is very observable, and we are glad to see that Mr. Apollonio, the Registrar, suggest a cause for it, far more likely to effect the mass of the population than the habit of abortion, which it is now the tendency to magnify unduly. The natives, he observes, as a rule do not marry till they can provide both for the present and the future; while the foreign population assume that relation, taking little thought how they shall support a family.

"The Public Health," is the title of an address delivered by Dr. Ezra M. Hunt before the Medical Society of New Jersey last May, and which is now published in pamphlet form. So far as society addresses go—a most unprofitable sort of reading, generally—it is satisfactory. The statistics which it embodies seem carefully selected and make up for the rather sophomorical exordium and peroration. As a general thing the stated addresses before societies are aggravating inflictions, and why they are published the committees only know.

Transactions of the Medical Society of the State of Kansas, for the year 1867. Leavenworth, Kansas, 1867. 8vo., pp. 76.

This volume, though of no pretensions as regards size, is in its contents highly creditable to its authors. The articles are judiciously diversified, being local as well as general, and touching on several branches of medical science. Of the former character, an essay on Malarial Miasm pervading Non-Malarial Diseases, by C. C. Shoyer, and the Report of the Committee on Climatology, by Dr. T. Sinks, are most noteworthy. From the latter it appears that the mean temperature at Leavenworth City is 54°.17, the mean dew point 47°.26, relative humidity 77°.27, showing a climate far drier than prevails in the same latitude in the Eastern States. The Report of the Committee on Surgery, by Dr. M. Bailey, is chiefly occupied with a discussion of the import the topic of malpractice. Dr. J. L. Prentiss offers some valuable suggestions on the Topical Use of Water, and cases of interest are recorded by Drs. J. W. Brock, John W. Parsons, R. Morris, and W. E. Turner. The volume closes with the minutes of the proceedings and a list of members.

As we believe only two hundred copies were printed, we advise gentlemen desirous of completing their libraries of State Reports to apply soon.

—— The cholera has found a Royal victim at Rome, in the person of Queen Maria Theresa of Naples, who died on Thursday.

Medical and Surgical Reporter.

PHILADELPHIA, SEPTEMBER 7, 1867.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

## THE BRITISH MEDICAL ASSOCIATION.

At the meeting of the British Medical Association, held in Dublin from the 6th to the 9th of August, Drs. E. R. Maxson, of New York, L. P. Yandell, of Kentucky, and F. A. Hart, were present from this country. In another column Dr. Maxson gives a full and very interesting account of the meeting.

We notice that there was some discussion in regard to the recent change of the organ of the Association—the *British Medical Journal*—from an octavo to a quarto form. We fully agree with some of the members, that the octavo form is much the most convenient for the library. This point was thoughtfully considered, when the present form of the Reporter was adopted,—and we believe it has given universal satisfaction.

In the election of Dr. Cox, of Baltimore, as an Honorary Fellow of the Association, we note an error in his name, which should be Christopher instead of Charles.

The meetings of the Association are conducted in a manner almost exactly like those of our own American Medical Association, viz., public meetings for general business, and Sectional meetings for different branches of Medicine and Surgery, where papers are read and discussed, which are then reported back to the Association.

The meeting, which seems to have been a very good one, adjourned to meet at Oxford, England, under the Presidency of Prof. Henry W. Acland, F.R.S., who seems to have been the sole representative of the profession of Oxford at the meeting, restricting the members in the choice of their President, who, it would seem, is invariably chosen from the place at which the meeting is appointed to be held.

On several occasions of late years, representatives of the profession of this country have appeared at the meetings of the British Medical Association; more than once, we believe, as official representatives of the American Medical Association, and other medical bodies in this country,—yet, we do not remember an instance in which this courtesy has been reciprocated. Why should not each Association appoint delegates every year to the other? We have taken the initial step—courtesy would seem to require a response from the other side, before we can move again in the matter.

## "CHARLATANISM EXPOSED" AGAIN.

When we penned our article in the Reporter of August 24th, under the title of "Charlatanism Exposed," we had two documents before us on which our remarks were founded. We supposed they both emanated from the same individual. Just as our last week's number was going to press, and in the absence, for the time, of the documents referred to, we learned, and so stated in that number, that Dr. T. S. Up De Graff, of Elmira, New York, was *not* the individual who was travelling through the country heralded by posters announcing his advent—but that another person was using his name and reputation. Very true, so far.

However, we find that Dr. T. S. Up De Graff does render himself obnoxious to criticism, and places himself outside of the ranks of the regular profession by his violation of the ethical rules of the profession. He publishes for gratuitous distribution a monthly paper entitled "The Bistoury," in which he *advertises* himself to the public as a surgeon, setting forth his successful operations in a way that is entirely incompatible with a regular standing in the medical profession. In this paper is an announcement in flaming capitals, that he will be in Selin's Grove, Pa., on certain specified days, to perform such surgical operations as may be presented. The announcement is very much in the style of the poster before referred to—all the apparent difference being that one is *posted up* at public places to be read, while the other is *handed around* gratuitously.

This course cannot be defended. It is resorting to the arts and tricks of the charlatan, and he who is guilty of it voluntarily places himself outside the pale of the profession, and has no claim to recognition as a physician or surgeon in regular standing. Furthermore, it is entirely irregular, and contrary to our code of ethics, for any one who wishes to maintain a regular standing in the profession to recognize professionally, or hold intercourse with one who resorts to such expedients to advertise himself to the public.

If Dr. Up De Graff has abilities as a surgeon, why should he not abandon these irregular practices, and trust to his own merits and the goodwill of the profession, to establish him in the section of country in which he resides? If, however, he chooses to persist in the course he has been pursuing, he must not blame us for placing him among charlatans, and he must not expect those who desire to maintain a standing in the profession to exchange professional courtesies with him *in any way*.

CRUEL TREATMENT OF INSANE PERSONS and CHILDREN.—THE PATERSON ALMSHOUSE CASE.

We have waited, with a great deal of interest, and much indignation, the developments in the case of Sigler, the Steward of the Paterson New Jersey, Almshouse, charged with cruel treatment of the poor under his charge, and especially of the insane and children.

The details are horrible, beyond belief, and the town authorities, and the medical men who attended at the almshouse, cannot, in our view, escape a share of the responsibility. Here is some of the testimony, of one witness only, which is fully corroborated by that of many others, and it makes the blood boil with indignation to think that in this enlightened age and country, such scenes can be enacted for years, with impunity, and that such a brute as Sigler could find in the female sex such a lieutenant as Mrs. Whittaker, the matron.

"Sarah Jane Murray, sworn.—She was an inmate of the Almshouse six years ago, when Mr. Sigler was keeper; saw Mr. Sigler whip Eliza Dooley with a stick and strap, first and last time I was there: was absent after leaving first time two years and four months; I left two years ago last April; saw Mr. Sigler whip Eliza Dooley about one dozen times; the stick was a rattan about as thick as a man's finger; the strap was a large one which he used to whip the children with, split at the end, about two fingers broad; he whipped the woman for 'talking' at all hours of day; Eliza Dooley was an insane woman; sometimes she talked improperly, her language being sometimes profane, sometimes foolish; never saw her violent; never saw her resist Mr. Sigler; the management of the Almshouse while I was there was generally well enough; generally got enough food; middling quality; plenty of food; I was never overworked; the house was well warmed in winter." Was there any other woman whipped? "Yes—Mrs. Lehr, a German woman, with a cane, the same as used before; because she would not change her clothing; and because she would not let Mrs. Whittaker cut her hair; she was insane; never saw her filthy in her person; saw him whip Mrs. Lehr about a dozen times altogether; knew a woman named Nancy Doyle; deranged; never saw Mr. Sigler whip her; she appeared to be comfortable there; knew Mary Ann Wilson, who was insane, and sometimes violent; it was necessary to keep her in confinement; she was kept in the 'Zinc Room,' so-called because it was floored with zinc; she was filthy in her habits; the windows were barred with wire lattice; it was heated in winter, from a furnace from below, but was not warm; she was sometimes taken out to the air; I did know a man named Abraham Kershaw; never knew Mr. Sigler to whip him; I knew also Eliza Brophy, who was whipped by Sigler at one time for trying to run away, and again for refusing to change her clothes; first time he whipped her with a stick, and then with a cane belonging to one of the men; she was insane; was there but a little while; children were whipped there also; don't remember what for; but two boys were whipped by Sigler; don't know of any line for crossing which children were whipped; didn't see what the two boys were whipped with; I knew a colored woman who was frozen to death for want of covering, December two years ago; her name was Betsey Freeland; don't know of any others who suffered from cold, except Bridget Canaly, who had no more covering; never saw the sick get any better treatment than the well persons; a physician visited us; Mr. Sigler never refused to let me see my children; my children are still there at the Almshouse; I knew a child there named Kitty Potter, who was always treated well; never saw Sigler whip her, but saw him stop her from her meals—breakfast, I think, when she got nothing; I have something further to state in regard to the Almshouse treatment; I told Mr. Sigler that I believed Betsey Freeland froze to death; he said, 'Tut, tut! woman, you mustn't talk so!' have nothing more to say; Eliza Brophy died on Thursday; Sigler whipped her on Sunday, when her health was more favorable than usual; after that her health was much worse; when I first went to the Almshouse Mr. Sigler required me to wash clothes, when my hands were unfit for the work, from rheumatism; Kitty Potter was a cripple; she could move around when I was there; have seen Mrs. Whittaker tantalize Mrs. Lehr, and then induce Mr. Sigler to whip her; Sigler was not present at the time of tantalizing; saw the boys' backs after they were beaten; they were bloody and in lumps.

"When Betsey Freeland died did he say: 'Well, Betsey died, and we've got rid of another dirty handful, hav'nt we?' 'Yes, he said that.' Have seen other children deprived of supper; Mr. Sigler abused me when I went to see my children, saying that I was a bad woman, and that I never was married; I have been married; I have seen marks on Eliza Dooley after being whipped on her arms; have known her shut up in a dark cellar; I could hear from my room the cries from Eliza Dooley; I first refused to wash on account of rheumatism in my hand; he said I was able to work, and he made me work; the cellar in which Eliza Dooley was confined was an inside cellar; she was kept there all day and all night, I believe; Betsey Freeland was in a very bad condition in her room during the winter; she lay on a bundle of straw in the corner, looked miserable, filthy, and dirty; had nothing on her but a calico dress and chemise, and no shoes nor stockings; this was in December; the room was very badly heated; it was exceedingly cold, which she complained of; the weather remained the same the night she died; the weather was cold enough to freeze a well person; she complained of cold in the day-time; don't think the straw of her bed was changed as often as once a week."

It mortifies us to think that there were found two physicians who gave testimony in defence of the cruelties practiced by this monster.

"One, a Dr. Merril, testified that he had ad-

vised Mr. Sigler to keep children without anything to eat or drink from noon till the next morning if they soiled or wet the bed. He also thought corporal punishment necessary for lunatics. Both testified that they saw only kindness on the part of the keeper."

We cannot help thinking that these physicians felt that they were implicated with Sigler. Think of a *physician* advising the starvation of children, and corporal punishment of insane persons!

We believe that Passaic county has no Medical Society through which the physicians of that county can vindicate their honor, wounded through such testimony as is reported to have been given by two of their number.

We notice that the grand-jury has found six indictments against Sigler the Steward. Now if the profession had an organization through which it could be done, they should condemn the conduct of the medical men who appeared as the advisers and apologists of Sigler.

Since the above was written we notice that the City Council of Paterson refuse to remove Sigler—for political reasons, probably. Have the courts of law no power in the premises?

# Notes and Comments.

### The Public Health.

There were 126 deaths from yellow fever for the week ending Friday Aug. 30th, in New Orleans. At Galveston, in the same period, the deaths numbered 241. In Corpus Christi half the citizens are sick of the disease.

Our Consul at Palermo, Italy, reports that the cholera cases in that city average 250 to 300 daily, and scarcely one-third recover.

The cholera has entirely disappeared from Memphis. It has broken out at St. Mary's Mission, in Kansas.

So far, the epidemic of yellow fever outside of Texas is very mild, and the general health of the country continues remarkably good. Physicians, especially in this section of the country, have ample opportunity for recreation, or, if they are so minded, for study.

The mortality of this city and New York both, was small, and less than that of the week previous. The weather, hereabout, continues cool and damp.

Advices from the island of Jamaica to the 8th of August, state that a malignant fever had appeared almost simultaneously in different parts of the island, and many persons had fallen victims to it. It first showed itself at a place called Newport, in the parish of St. Elizabeth, where it took off in a few days several members of one family living in one house. Dr. Simpson, who attended them at first, and two black persons who were employed to clear a trench in the neighborhood, were next seized with it, and died after a few days illness; and Dr. Kelly, who was engaged to attend the family after Dr. Simpson, took sick, and who remained with them for some time, on his return home became ill of the fever, and died in three days. About the same time, the fever broke out in the parish of St. Andrew, distant about 100 miles from St. Elizabeth.

### The Gregarine Panic.

All fair wearers of *chignons* were dismayed, and all crusty old bachelors delighted sometime since by the appalling announcement that those ornate appendages were infested with specks called *gregarines*, which horrid things ultimately turned into — well, not to put too fine a point upon it—*lice*. We are glad to step forward with wonted gallantry and assure the sex that it is a base slander; that the so called gregarines are nothing but the sporules of a species of fungus approaching in character the torula, that is, a vegetable parasite which is not only very rare, but not likely to injure the scalp of an adult if it does come in contact with it; and so far as any danger to the general health is concerned, wholly harmless. These are the results of a careful study of the subject by the well known dermatist, Dr. Tilbury Fox.

### The International Medical Congress at Paris.

We have not yet received full accounts of the Medical Congress held in Paris during last month. But it would seem to have been much more circumscribed in its representation of the medical profession of the world than was expected.

A great many papers seem to have been read, but two of which were by American Physicians, viz., one by Dr. Brown-Séquard, of New York, entitled "New Views on the Signs of Cerebral Disease;" and one by Dr. Maxson, also of New York (State), entitled "Shoulder Presentations."

### Damages for Neglect of a Patient.

A doctor in St. Andrew's, N. B., called on a patient, last winter, who had been badly frostbitten, amputated the injured members, left, and promised to call the next day. The next day came, but the doctor did not. The suffering patient sent for him repeatedly during the next twelve days, but received only promises, instead of the doctor's presence. Finally, he sent for

other doctors, who came and helped him. Recently, the neglected patient carried his grievances into court, and succeeded in getting a verdict in his favor, with damages at $25,000.

If the above statement is correct, the award of the jury was perfectly proper. A physician who undertakes a case and then neglects it, is not doing his duty, and he should be held responsible for any evil results to the patient.

# Correspondence.

## FOREIGN.

### Letter from Dublin.

Dublin, Ireland, Aug. 10, 1867.

Editors of Medical and Surgical Reporter:

As I took from you, as Corresponding Secretary, a letter of commendation to

**The International Medical Congress,**

in Paris, and also my credentials from New York, as a delegate to said Congress, it appears proper that I should report in this, which will be my last foreign communication, my proceedings in reference thereto.

On my arrival in Glasgow I ascertained after considerable inquiry, that the Congress would meet on the 16th of August; and as I passed on to Edinburgh, I made inquiry as to the probability of a representation from the British Islands, etc. Prof. J. Hughes Bennett informed me that he was a delegate, but should not attend. I also ascertained that very few of the British physicians, if any, were designing to attend.

As the Congress was to assemble a month later than I had anticipated, and as it did not appear probable that there would be much of a representation from out of France, I resolved to present my credentials and communication to M. Jaccoud, Secretary of the Congress at Paris, and return to Dublin, Ireland, in time to attend the British Medical Association, the 6th, 7th, and 8th of August, to which I was politely invited by Professors J. Hughes Bennett, Sir James Y. Simpson, Prof. Syme, and others.

I accordingly left my credentials with M. Jaccoud, and also my communication, giving him my reasons for not remaining to attend the Congress, as I could not attend both that and the British Medical Association. He appreciated my reasons, and agreed to have my communication translated into French, as the whole proceedings, contrary to my expectations, are to be conducted in French, and as is now probable, almost exclusively by the French.

Having thus satisfactorily arranged matters, and having completed my visitation at the hospitals in Paris, as I informed you in my last, I came on to London, stopping for a day or two at the London and Westminster Hospitals, and then to Liverpool, visiting the Royal Infirmary of that city, now fearfully scourged with *hospital gangrene* of a very unpleasant character. I noticed also there two cases of cancer of the lip, both patients having been accustomed to smoke with short pipes.

**The British Medical Association.**

I came on to Dublin Aug. 5th, and besides visiting the hospitals, attended the meetings of the British Medical Association, the 6th, 7th, 8th, and 9th of August. The meeting was well attended, the Association embracing the principal physicians and surgeons of the British Islands. I was politely received and kindly admitted, as a visitor, to all the meetings of the Association, and here offer you the following account of its proceedings.

On Tuesday, Aug. 6th, at 2, P. M., the retiring President, Dr. Waters, resigned his office, with appropriate remarks; and the venerable Professor Stokes, so well known by his writings in America, the new President, delivered an able inaugural address, bearing the impress of commendable modesty, as well as profound wisdom and medical knowledge. On my thanking him for the able address, at a soiree in the evening, he modestly replied that there could have been nothing to interest any one in his address.

On Wednesday, Aug. 7th, at 11, A. M., Sir Dominic Carrigan, Bart., presented his Address in Medicine, couched in very strong language, and in the main sound, but in strange contrast with that of the venerable Stokes. For while advocating the necessity of examining all holders of foreign diplomas before admitting them to an equality of privilege with those holding English diplomas, he instanced some of the illegitimate schools in America, and others in Germany, and then, without drawing any distinction between our legitimate and illegitimate schools in America, exultingly asked, "Shall we" barter or exchange (I do not now remember which) "our English gold for German silver or American greenbacks?" While I am heartily in favor of the measure he was advocating, and would urge upon my brethren of the American Medical Association, in relation to the holders of foreign diplomas, a similar examination, in view of the base frauds known to have been practised in America by Irish, English, and other pretenders,

I hope no countryman of mine will ever have the impudence to arraign as on a par the well educated English, Scotch, or Irish physicians with the ignorant quacks and pretenders from abroad that disgrace our American shores, one of whose base frauds I had just been investigating. I confess that I felt indignant, in view of all the facts, and it is due to the members of the British Medical Association, that I should state that all, or nearly all who spoke to me on the subject, regarded the language of Sir DOMINIC CARRIGAN, above referred to, as *offensive*, and generally very much regretted.

At 3, P. M., Mr. RUMSEY introduced the subject of *State Medicine*, and advocated certain State measures, at great length, and ably; and I was happy to see his measures for the general good seconded and sustained by an honorary member, an able lawyer, showing a harmony of action between the professions, that is really commendable.

On Thursday, August 8th, at 10, A. M., Prof. ROBERT WILLIAM SMITH, presented a most eloquent, forcible, and able address on Surgery, really worthy of being printed in letters of gold, and handed down to the latest ages of time. I will not attempt a description of it, lest I should do him injustice.

On Thursday, August 8th, at 3, P. M., Prof. J. HUGHES BENNETT, M. D., of Edinburgh, as chairman of a committee appointed at a previous meeting, read a very able report, on The Effects of Mercury. And though the investigations of the committee were not completed, the learned professor, and profound gentleman, presented facts of deep interest to all practical men. Prof. BENNETT, whom a man has only to know to respect and love, referred to the investigations of American physicians on the same subject, "*The Effects of Mercury*," and in a manner to indicate that he is willing to recognize facts discovered, as well as to acknowledge their origin.

Besides these, which were *general meetings*, sectional meetings were held on Medicine, Physiology, Surgery, and Midwifery, at which many interesting papers were read; among the most important of which were the following:

By Dr. HENRY BENNETT—On the Treatment of Pulmonary Consumption.

By Dr. MCCALL ANDERSON—On a Case of Bloody Sweat, with Remarks.

By Dr. S. GORDON—On Cerebro-Spinal Fever.

By Dr. JOSEPH LALOR—On Epidemic Fever.

By Dr. CRUISE—On the Endoscope.

By Dr. O'LEARY—On the Thermal Value of Food.

By Dr. GEORGE BUCHANAN, of Glasgow—On the Treatment of Elephantiasis by Ligature of the Main Artery of the Limb, in which he referred very politely to American authorities.

By Dr. KINGSTON—On Operation for the Relief of Deformity from Disease of the Hip-joint.

By Sir J. Y. SIMPSON—The Cephalotribe.

By Dr. DENHAM, of the Dublin Lying-in Hospital—On the Use of Ergot of Rye, Illustrated by a Case.

By Dr. F. CHURCHILL—On Granular Endometritis.

By Dr. HURDY—On Hysteria treated by Strychnia.

By Professor LISTER, of Glasgow—On the Use of Carbolic Acid in Surgery.

Dr. HENRY BENNETT, in his Essay on the Treatment of Pulmonary Consumption, advocated, among other remedies, the use of *cod liver oil*, as peculiarly efficacious.

The cases of epidemic fever, presented by Dr. JOSEPH LALOR, of the Richmond Lunatic Asylum, were what has been known in America as *spotted fever*. He exhibited to me, at his residence, at the Richmond Asylum, drawings illustrating the various forms of the *eruption*, corresponding with what we see in America. And I may also add, that, Professor MOORE and BANKS, medical gentlemen of eminence in Dublin, very kindly showed me some of these cases, in the different hospitals, with symptoms identical with those developed in the disease as it occurs with us. Their treatment is by tonics, stimulants, counter-irritants, etc., very similar to that usually pursued by us.

But perhaps of the essays above referred to, that by Dr. DENHAM, of the Dublin Lying-in hospital; a gentleman of deservedly high standing, designed to show the effect of the ergot of rye, both during the period of pregnancy and at parturition, may not be the least important. Dr. DENHAM substantiated his views in relation to the utter harmlessness of ergot, so far as any poisonous effects, upon either mother or child, are concerned, at any period; and also his belief, that it will never bring on premature labor, during pregnancy, no matter how freely it may be administered; by exhibiting to several of us, who breakfasted with him, among whom was Sir JAMES Y. SIMPSON, a mother and child, in good health, upon whom the following experiment had been tried by him, to ascertain the facts in relation to these points.

Some few months since, the mother above referred to—a strong Irish girl of perhaps twenty-five—came into the Dublin Lying-in hospital, at about the sixth month of pregnancy; and, as it

was a fair case to test the matter, he gave her full doses of the ergot; and continued it for several days; till, in fact, it nauseated her so much that she refused to take it longer; and yet it produced no symptoms of uterine contraction or abortion; which induced the Dr. to believe, that ergot will not produce premature labor, though it does largely increase uterine contraction, during parturition, at full time.

The ergot was now discontinued; and the case passed on to full time, when a natural labor followed. Now, as both mother and child were apparently healthy, and still continued so, at the time we examined them, Dr. Denham considers it fair to conclude, not only that ergot fails to produce premature labor, during pregnancy, no matter how freely administered, but that while it does greatly increase uterine contraction during labor at full time, it never poisons, under any circumstances, either mother or child; and can only be pernicious in its effects, in any case, upon either, by the greatly increased uterine contractions it produces. I may add that the Dublin Lying-in Hospital, under the care of Dr. Denham, assisted by Dr. Beatty and others, is by far the best of the kind I have met with anywhere, in its accommodations, arrangements, manner of being conducted, etc. Since its organization in 1745, 188,615 women have been delivered in the hospital. The number of women that have died there, during the entire period is 2,548. The number of children that have died is 6,834. While the number of still-born children has been 10,628. The hospital has private wards where ladies may be confined, and receive the very best of attention and care, at an expense of only one pound or about $5,00 per week. I was kindly permitted to enter one of these wards, and found the lady, with a child a few days old, apparently enjoying every necessary comfort.

### Conclusions.

And now, as I expect to sail by the Anchor Line steamship Hibernia, Capt. Monroe, from Londonderry, at the North of Ireland, for New York, Aug. 10th, I will close this my last foreign communication for your very excellent journal, with the following conclusions:

That, after examining *carefully*, the hospitals of Glasgow, Edinburgh, London, Paris, Liverpool, and Dublin; seeing in the aggregate, many thousand cases of diseases of almost every form and type; noting also the various modes of treatment, for medical, surgical, and obstetrical cases, I am compelled to the opinion, that, though the standard of medical, surgical, and obstetrical science may not be higher than in America, still it pays me well; as much is being originated in Europe and America, by a comparison of which most valuable conclusions may be drawn, that will aid materially in medical, surgical and obstetrical practice. While, then, I would advise medical students in the United States to *prefer American authors* to all others, I would recommend a perusal of the standard foreign authors, as representatives of our noble science abroad, being calculated, by the comparisons that may thus be instituted, to aid in establishing the most correct basis for medical, surgical, and obstetrical practice.

And if any desire to visit Europe to improve their stock of medical lore, and can afford the expense, the effort is a commendable one. It is my opinion, however from all I have been able to discover, that it will be much more likely to repay the man who has been for years a practitioner, than the student; for the reason, that the American student who should form his ideas of disease and its treatment from what he might discover in Europe, would in my opinion be illy prepared to treat disease as it occurs with us. While on the other hand, the medical man of years, observing disease and its treatment in European hospitals, is able to institute comparisons, and draw such conclusions as may be of unquestionable advantage to himself and his patients. And finally, so far as facilities for observation, by the American physician, in the hospitals of England, Scotland, Ireland and France may be concerned, I beg to say in conclusion, that *any American gentleman* will have all reasonable facilities for observation offered everywhere, such at least has been my observation. And besides, the greatest politeness, kindness, and hospitality have been extended to me, by the very first physicians and surgeons of Glasgow, Edinburgh, London, Paris, and Dublin; entirely unexpected; and which it shall ever be the aim of my life to repay, as far as I may be able.

E. R. Maxson, M.D.

## DOMESTIC.

### Quackery in the Medical Profession.

Editors Med. and Surg. Reporter:

Apropos of the several articles lately published in the Medical and Surgical Reporter, relative to quackery in the medical profession, I am glad to offer the following, not from any motive of jealousy or envy, as my present position, in a measure, renders me independent of public patronage, and free from the effects of professional quackery. I write this to give you my expe-

rience as a junior member of our noble profession, while engaged in the practice of medicine in one of the large sea-board towns of the Atlantic coast. I would offer the following plain statement of facts to my *honorable* brethren of the profession of medicine, and shall be glad to know from them whether the acts as therein detailed can be styled quackery or not. To my mind it seems quackery of the worst kind,—a conservative quackery, that none but a moral coward could be guilty of. How much more must we admire the radical quack, who publishes his practice or promises to the world, and has the moral courage to let the community know what he is, and does not go about in the garb of assumed Christianity, with loud-mouthed anathemas against the quack, at the same time seeking how he may defame the innocent young professional man, in order to win his few patients away from him? But now "Revenous à nos moutons."

What can be said of a person claiming to be a *regular doctor*, who publishes a pamphlet upon an epidemic, giving his experience and practice during said epidemic, when the fact is patent to many, that the author during the epidemic of which he so learnedly writes, did not know how or where to begin to make an autopsy; then to distribute his pamphlet among all his patients on the approach of a similar epidemic, and also to send numbers of them to the minister of the gospel, under whose teaching he sits, that he may act as colporteur, and distribute his medical tracts?

Again, is it not quackery for a physician when he is sent for to visit the patient of another medical man, in a case of emergency, for that physician to endeavor to depreciate the family physician in the estimation of the sick person, by slurs and inuendoes, as to the correctness of diagnosis and proper treatment made and employed by the regular attendant in the case? Then, finding that he cannot shake the faith of the patient, to assume the position of a member of the other honorable profession, whose province it is to console the penitent sinner, and make prayer with supplication for the sick, preluding his prayer with the intimation that the sick person is very near his end. Not satisfied with the part he plays as quack doctor, he assumes that also of quack parson, and desecrates that sacred calling by offering prayer and spiritual consolation!

But, once more, who among the gallant members of the medical profession, (and I think I am not wrong when I say that all the members of our worthy profession admire the ladies, particularly the helpmates of their brother chips,) would allow his wife to attend a case of midwifery under any circumstances, more particularly with the express purpose (after several messengers had been sent) of preventing the case coming into the hands of a young and consequently inexperienced doctor?

I will not at present bore your readers with the details of the manner in which these professional conservative quacks are known to unite themselves to that religious body in their neighborhood, having the fewest physicians in its congregation, and how they induce the minister to advertise them during their parishional visits. Another thing the young physician must encounter. When he receives his diploma, and starts out with visions of glory and patients without number in prospective, notwithstanding what is told him by his seniors, who now offer the right hand of fellowship, and welcome him as a member of a great and liberal brotherhood, while their left hand is stealthily pulling the first round of the ladder of fortune from beneath his foot. All these things are done by the order of quacks I have been writing about; not always in words, for, as I said before, they lack the courage to face the music; but when asked by a person (particularly if that person should be a desirable fee-patient) what he thinks of Dr. Just Graduated, or of Dr. Young Physic, that is, so far as their professional acquirements are concerned, for I entertain some idea of employing one of them as my family physician? At once the wise quack shrugs his shoulders, attempts to look more wise than ever, and replies: Oh! Dr. Y. P., my neighbor—he is a very nice man, but you know he is young, has no experience (probably adding) like myself; for you see, I have been in practice fifteen years, etc.

It is not improbable that our young friend, Dr. Y. P., Dr. Quack's neighbor, was the one who instructed this wise senior where and how to make his incisions in performing an autopsy.

Medico.

# News and Miscellany.

### Sewing Machines.

The magazines have of late contained several elaborate articles on the sewing machine, discussing the history of its invention—quite a complicated and interesting one, by the way—and the relative merits of the various machines in use.

There were no less than eighty-two different machines competing for the prizes at the Expo-

sition Universelle at Paris this year. Among them was the well known and popular Wheeler & Wilson machine, whose advertisement will be found in our columns. This machine received the Gold Medal for good construction, and for the new and admirable improvement for making button-holes.

The sewing machine has become an almost indispensable article of household furniture, and the Wheeler & Wilson is regarded as one of the best in use, and we can confidently recommend it.

### Victims of Science.

A Heidelberg (Germany) letter in a French newspaper has the following: "A surgeon named Weber, and two of his assistants, had been summoned to a country house in the neighborhood to attend two children attacked by diphtheria. In the case of one of them the operation of tracheotomy was found necessary, and M. Weber while engaged in performing it, allowed a small clot of blood to fall into the child's windpipe. In absence of a proper instrument for extraction, he sucked the wound to get out the foreign substance. Having failed, the others in succession applied their mouths to the wound, and at last succeeded. They, however, all caught the malady, and succumbed to it in the course of six hours. Prof. Weber was only thirty nine years of age, but had already acquired a high reputation."

—— In St. Louis, several of the physicians have signed a protest against the order of the Board of Health, prohibiting the sale of vegetables during the hot season. They declare it contrary to the rules of hygiene and the principles of physiology, and declare that vegetable food is most essential for the preservation of health, especially during the hot weather.

—— At the Paris exhibition the following are among the first prizes: Surgical instruments, M. Mathieu, of Paris; anatomical preparations, M. Brunetti, of Padua; medical plants, M. Triana, of Bogota; the care of the wounded in battle, the Original Committee at Geneva and Sanitary Committee of the United States.

—— M. Caffe, editor of the *Journal des Connaissances Medicales*, reports a case of erotic mania in which clitoridectomy was performed, and the lady entirely freed from her malady.

*[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]*

### MARRIED.

Comer—Bronson —Aug. 27, at Trinity Church, Rensselaerville, Albany county, N. Y., by the Rev. H. Washburn, Alexander Thomas Green Comer, M. D., of Tidioute, Warren county, Pa., and Hattie Winifred Bronson, of the former place.

Donald—Zink —Aug. 14th, in Verona, Dane co., Wis., by the Rev. Robert R. Westcott, Wm. J. Donald, M. D., and Miss Adeline Zink, all of Dane co., Wisconsin.

Hal —Lukens.—Aug. 22d. by the Rev. James Shrigley, William D. Hall, M. D., of Union county, Pa., and Miss Amanda Emily, youngest daughter of E. Lukens, Esq., of this city.

Herron—Sutherland —In McKendree M. E. Church, Cincinnati, Aug. 20, 1867, by Rev. Wm. H. Sutherland, assisted by Revs. James H. Herron and Geo. H. Dart, Dr. Thomas G. Herron, of that city, and Miss Lizzie A. Sutherland, daughter of the officiating clergyman.

Kurtz—Bertolett.—Aug. 27th, at the residence of Judge Parke, Manchester, Pa., by the Rev. Dr. S. S. Conrad, Mr. J. R. Kurtz, of New Philadelphia, Ohio, and Emma A., daughter of Dr. D. K. Bertolett, of Washingtonville, Ohio.

Shaw— Pooley.—Aug. 28, at Zion Church, Dobb's Ferry, by the Rev. George B. Reese, Wm. Geo. Shaw, of New York, and Sarah M., youngest daughter of James H. Pooley, M. D. of Dobb's Ferry.

### DIED.

Collins —In Bethel, Maine, Aug. 26th, George Collins, M. D., aged 29 years.

Ewing.—Of consumption, in Andrew Jackson co., Iowa, Aug 7th, Mrs. Martha S., wife of George V. Ewing, M. D., and daughter of Rev. Jacob Coon, aged 39 years.

Goddard.—Suddenly, on the 24th ult., Helen Belinda, infant daughter of Dr. Kingston and Helen Goddard, of this city, aged 9 months.

### OBITUARY.

#### Alfred Armand Marie Louise Velpeau.

We regretfully announce the death of the Nestor of French surgeons, Alfred Armand Louise Marie Velpeau. He had been so long before the public, that his age, which at the time of his death was seventy-two years, was currently reported as over eighty. Son of a veterinary surgeon, his own youth was spent in assisting his father in this humble branch of the healing art. The only books in the paternal library were an ancient treatise on "Hippiatrics," and "The Poor Man's Physician." On this meagre provision of learning, with characteristic audacity, he commenced practising on the natives of Briche, the village of his birth, and as might be expected, soon terminated his career by nearly killing a patient with an overdose of black hellebore. This was the foundation of his fortune. A neighboring practitioner, who was hastily summoned to counteract the poison, discovered in the daring young man such acuteness of intellect, that he took him to his office and gave him an opportunity to acquaint himself with medicine as a science. His progress was remarkably rapid. In 1822, he obtained the Doctorate; in 1830, he was appointed surgeon to La Pitié; five years afterward, he was chosen over Lisfranc to the chair of Clinical Surgery, and in 1842, the Institute called him to the seat left vacant by the death of the celebrated Surgeon Larrey. This is the goal of French ambition. That a man is member of the Institute, *c'est tout dire.*

Velpeau's works on surgical and regional anatomy, his discoveries in obstetrics, his treatises on midwifery, embryology, maladies of the mammary glands, and numerous monographs, represented the leading ideas of the time, and foreshadowed many of later date.

His death will be widely regretted, both as a surgeon, as a clinical teacher, and as a kind and agreeable friend.

### METEOROLOGY.

| August, | 19, | 20, | 21, | 22, | 23, | 24, | 25. |
|---|---|---|---|---|---|---|---|
| Wind | W. | N. W. | N. E. | N. E. | N. E. | S. W. | N. W. |
| Weather | Clear. | Clear. Sh'r. t. & l. | Cl'dy. Rain. | Cl'dy. Rain. | C 'dy. Sh'y. | Cl'dy. Sh'y. | Clear. |
| Depth Rain | | 2-10 | | 3 10 | | | |
| *Thermometer.* | | | | | | | |
| Minimum | 68° | 5[0]° | 68° | 65° | 64° | 68° | 65° |
| At 8, A. M. | 77 | 62 | 75 | 74 | 69 | 73 | 71 |
| At 12, M. | 84 | 75 | 80 | 79 | 75 | 81 | 76 |
| At 3, P. M. | 87 | 76 | 78 | 78 | 76 | 80 | 77 |
| Mean | 79. | 68. | 75.25 | 74. | 71. | 75.50 | 72.25 |
| *Barometer.* | | | | | | | |
| At 12, M. | 30.1 | 30.1 | 30.1 | 30. | 30. | 30. | 30.2 |

*Germantown, Pa.* R. J. Leedom.

SEPT. 16, 1867.

PHILADELPHIA

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OF

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H. LENOX HODGE, M.D.
EDWARD A. SMITH, M.D.
D. MURRAY CHESTON, M.D.
HORACE WILLIAMS, M.D.

---

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| Colocynth: et Hydrarg: et Ipecac: | 75 |
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| Ferri Pyrophosph: 1 gr. | 40 |
| Ferri Valer: 1 gr. | 1 00 |
| Ferri et Quass: et Nuc: Vom: | 75 |
| Ferri et Quin: Cit: 1 gr. | 75 |
| " " " " 2 gr. | 1 40 |
| Ferri et Strychniæ | 75 |
| Ferri et Strych: Cit: | 75 |
| Gambogiæ Comp: U. S. P. | 40 |
| Gossypiæ | 60 |
| Hepatica | 90 |
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| Leptand: Comp: | 1 00 |
| Lupulin, 3 gr. | 40 |
| Magnesiæ et Rhei, (1 gr. each,) | 40 |
| Morphiæ Comp: | 1 50 |
| Opii, U. S. P., 1 gr. | 80 |
| Opii et Camphoræ | 90 |
| Opii et Camph: et Tannin. | 90 |
| Opii et Plumbi Acet: | 80 |
| Potass: Bromid: 1 gr. | 75 |
| Potass: Iodid: 2 gr. | 85 |
| Quiniæ, 1 gr. | 1 45 |
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| " Comp, | 1 75 |
| " et Ferri | 1 75 |
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| Digitalin, 1-60 gr. | 75 |
| Elaterium, (Clutterbuck's,) 1-16 gr. | 95 |
| Ext. Belladonna, (English,) ¼ gr. | 40 |
| " Cannabis Indica, ¼ gr. | 60 |
| " Hyoscyamus, (English,) ½ gr. | 40 |
| " Nuxo Vmica, ½ gr. | 40 |
| Mercury Iodide, ¼ gr. | 40 |
| " " Red, 1-16 gr. | 40 |
| Morphiæ Acet: ⅛ gr. | 85 |
| " Sulphate, 1-10 gr. | 70 |
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SAMUEL JACKSON, M. D., Emeritus Professor of Institutes of Medicine.
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JOSEPH CARSON, M. D., Professor of Materia Medica and Pharmacy.
ROBERT E ROGERS, M. D., Professor of Chemistry.
JOSEPH LEIDY, M. D., Professor of Anatomy.
HENRY H. SMITH, M. D., Professor of Surgery.
F. GURNEY SMITH, M. D., Professor of Institutes of Medicine.
R. A. F. PENROSE, M. D., Professor of Obstetrics and the Diseases of Women and Children.
ALFRED STILLÉ, M. D., Professor of Theory and Practice of Medicine.
D. HAYES AGNEW, M. D., Demonstrator of Anatomy.

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Clinical Instruction is given throughout the Session, in the Medical Hall, by the Professors, and at the Hospitals. At the Philadelphia Hospital, containing 900 beds, instruction is free.

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E. INGLIS, M. D., (Treasurer,) Prof. Materia Medica and Medical Jurisprudence.
DELASKIE MILLER, M. D., (Secretary,) Prof. Obstetrics and Diseases of Women and Children.
R. L. REA, M. D., Prof. Anatomy.
MOSES GUNN, A. M., M. D., Prof. Principles and Practice of Surgery and Clinical Surgery.
WILLIAM LEWITT, M. D., Demonstrator and Prosector in Surgery.
EDWARD L. HOLMES, M. D., Lecturer on Diseases of the Eye and Ear.
EDWIN POWELL, M. D., Lecturer on Clinical Surgery at County Hospital.
JOSEPH P. ROSS, M. D., Lecturer on Clinical Medicine at County Hospital.
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The Twenty fifth Annual Session will commence on Wednesday, the second of October, in the new College Building, corner of Dearborn and Indiana streets, and continue eighteen weeks. For the Annual Announcement or any information with reference to the College, address DELASKIE MILLER, M. D., Drawer 5787, Chicago, Ill.

FEES.—Professors' Tickets, $50; Matriculation, $5; Dissecting, $5; Hospitals, $5; Graduation, $25.
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W. J. SCOTT, M. D.,
Professor of the Principles and Practice of Medicine.
R. N. BARR, M. D.,
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J. STRONG, JR., M. D.,
Prof. of Materia Medica and Therapeutics.
HENRY J. HERRICK, M. D.,
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W. H. JONES, M. D.,
Adjunct Professor of Anatomy.
CONWAY W. NOBLE, ESQ.,
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THE

# MEDICAL AND SURGICAL REPORTER.

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## Original Department.

## Communications.

### ACETIC ACID AS A SOLVENT FOR CLOTS IN THE BLADDER.

(Read before the Wayne Co. Med. Society, July 16, 1867.)

By A. H. Hunt, M.D.,

Of Blachlysville, Wayne County, Ohio.

On the 27th of April, 1867, at 12 o'clock, M., I was called to attend Mr. H. B., æt. 73 years, said to be suffering from retention of urine. Found the patient apparently in great pain, moaning frequently, and gritting his teeth almost constantly; pulse 80 to 85; fair volume, but intermitting about every seventh pulsation; skin moist and warm. Had not voided any urine for twenty-four hours, though the desire to do so was urgent, and frequent attempts had been made. I at once proposed catheterism, as the most reliable means of procuring prompt relief.

A silver catheter was then introduced without difficulty, but no urine flowed. On withdrawing the instrument, found it filled with clots of blood. I repeated this several times, with the same result. I now directed him to be placed in a warm hip-bath, with mustard, and also to have an injection of the same; hoping by this means to relax the sphincters, so that he could urinate spontaneously, if the neck of the bladder was not entirely obstructed. This was done while I returned home for an elastic catheter. On my return I found him feeling much more comfortable. He thought that he passed some water while in the bath, but about this he was doubtless mistaken, and merely felt relief from the relaxing effect of the bath.

I introduced the gum catheter, thrusting it into the bladder with as much force as I thought warrantable, but only succeeded in withdrawing a few clots. I then prescribed tinct. ferri chloridi, in half-drachm doses, to be taken with syrup every three hours, alternately with equal parts of spirits of nitrous ether and fluid extract of hyoscyamus, in small teaspoonful doses; a full dose of Tullie's powder to be given, if the above did not relieve him. There was great tenderness over the region of the bladder, particularly on the right side, extending up the course of the ureter to the right kidney. Directed warm fomentations to be applied, as this relieved the pain to some extent.

April 28th. Remains in about the same condition as yesterday, except that his circulation is perhaps more irregular, though not any more frequent. He passed a restless night, until 2 o'clock, A.M., and made a number of ineffectual efforts to urinate. I now repeated my attempts persistently to evacuate the urine, if any in the bladder, but only succeeded in withdrawing clots, probably from one to two ounces in quantity. I now fitted a syringe to the elastic catheter, and made an effort to draw the blood, or urine through it, but this only filled the instrument. I then reversed it, injecting tepid water. The bladder was so distended, that of course but a small quantity could be introduced, scarcely sufficient to free the instrument.

At my request, Dr. Baker, of Wooster, was called, with whom I saw the patient again in consultation, at 3 o'clock, P.M.; found him suffering considerably from irritative fever; pulse about 100, irregular and intermittent, with constant thirst. His bladder was now greatly distended, its fundus reaching to the umbilicus, and very sensitive to pressure, feeling under the hand like a solid tumor. Dr. Baker brought two large elastic catheters, one of which he desired me to introduce. I did so without difficulty, but on entering the neck of the bladder encountered the same feeling of resistance that I had experienced in the morning. I thrust the instrument boldly forward, but without fully overcoming the resistance. I then requested Dr. Baker to manipulate. He soon withdrew the instrument, the fenestra filled with clots, but it was followed by about a drachm of urine, the first that I had seen, or smelt, (and this latter sense was not to be mistaken). The Doctor then remarked that in two cases where there were large clots in the bladder, he had succeeded in introducing the catheter, by passing it up one side, between the walls of the bladder and the clot. He then passed it in the direction of the left groin. After

passing it upward for some distance the resistance was suddenly overcome, and about three pints of bloody urine were passed, much to the relief of the patient, but still leaving a clot within the bladder, which could easily be felt above the symphysis pubis, as the patient was quite thin. He was now bandaged, and cold water injections ordered every two or three hours, to prevent, if possible, any farther hemorrhage. An unstimulating diet, in the fluid form, was prescribed. As thirst continued, with a coated and at times quite a dry tongue, he was given elm water to drink. Treatment continued, except the ferri was given in smaller doses.

April 29th, 10 o'clock, A.M. Found his bladder greatly distended again; pulse about 100, perspiring; still very thirsty; stomach irritable, apparently rejecting nearly all the nourishment taken. Catheter at first filled with a clot, but upon a second introduction in the direction of yesterday, drew off at first about three ounces of ropy tenacious mucus, followed by three pints of urine, mixed with blood and mucus—alkaline in reaction. There did not appear to have been any recent hemorrhage. But there was still a large clot within the bladder. I now injected three gills of strong apple vinegar and water, in equal parts, and manipulated over the bladder for some minutes, with as much force as the sensitiveness of the parts would admit of. I could very distinctly feel the clot separating from the bladder on the right side. The catheter could now be moved within the bladder more readily. In about fifteen minutes I again evacuated the bladder as completely as possible, making slight pressure over that organ with my hand.

Treatment continued, with the addition of an emulsion of turpentine, 10 drops to the drachm, to be taken with the spirits of nitrous ether, and fluid ext. hyoscyamus, and small portions of sub. carb. bismuth and sulph. morphia, to be taken every two or three hours, if restlessness and vomiting persisted.

April 30th. Saw the patient at 8, A.M. Again drew off three pints of bloody urine, containing a great many small clots and shreds of fibrin. The clot now appears to be pretty thoroughly disintegrated. Continued treatment. As his bladder fills so quickly, and when not relieved of its contents causes so much irritation, I visited him again at 8, P.M., and drew off three pints of bloody urine and muco-purulent matter. Instructed to not permit the patient to get up oftener than two or three times a day, to repeat his fruitless efforts to urinate.

May 1st. Passed a restless night, talking incoherently, and making ineffectual attempts to urinate. Pulse 160; tongue dry; thirst constant; has taken cold by being up when perspiring. The urine more natural in appearance, but slightly tinged with blood, alkaline in reaction, with a strong ammoniacal odor. Bowels torpid; moved by enema of magnesia sulphatis. Treatment continued, except the tinct. of iron.

May 2d. Appears a little better this morning. Has less cough; bowels have been moved; less pain over the region of the bladder; urine acid in reaction. At Dr. Baker's suggestion, prescribed the following:

℞. Nitric and hydrochloric acids, āā f.℥iss.
Tinct. gent. c., f.℥j.
Infusion gent. c., f.℥v. M.

Sig. A tablespoonful three times a day. Other treatment continued. I now have one of the attendants introduce the catheter two or three times a day, in addition to using it myself every morning.

May 3d. The urine is now healthy in appearance, acid, and less in quantity. Resumed the tinct. of ferri in tonic doses.

May 4th and 5th. Remains about "in statu quo."

May 6th. Urine natural in appearance and quantity. Appears to have taken cold again from an exposure nearly similar to the first. Has a little diarrhœa. Treatment continued, with a few portions of pulv. opii, tannic acid, and bismuth, to be taken every three or four hours, if required, to control the diarrhœa.

May 7th. Appears better, expectorates freely, mind more clear, less moaning and incoherent talk. Still has diarrhœa; had an involuntary discharge of both urine and feces last night, but was not unconscious.

May 8th. Patient is better than at any time; passed a good night. His mind is clear, and after having his bladder relieved by the catheter, expressed himself as feeling quite comfortable. The diarrhœa is controlled, and there is no tenderness over the bladder. Circulation 84, and for the first time regular. Added two grains of quinine, to be taken every six hours.

May 9th. This morning I was met at the gate with the intelligence that my patient was much worse. Last evening his nurse found on taking him up that his legs dangled helplessly from his body, and that he was utterly unable to move them, much less to support himself as he had done the day previous. There is paraplegia without loss of sensation. He can move his hands, but they are very tremulous. I now learned that he has had two attacks before; the

last three years ago. The first several years since—the exact time not remembered,—when he was unable to speak or feed himself for two weeks. Pulse 110, small, irregular, and intermittent; coughs but little, though his lungs are evidently fast filling up with mucus. Had an involuntary dejection from the bowels. Added whisky and carbonate of ammonia.

May 10th. Saw him at 9, A.M. Found him sinking slowly; could articulate with difficulty. The urine was alkaline in reaction, small in quantity, and in standing threw down a copious pinkish-white deposit. He continued to sink quietly, and died without a struggle, at 12 o'clock, midnight.

*Remarks.* This case I regarded as one of idiopathic cystic hæmaturia. The probable immediate exciting cause being retention, the remote or predisposing cause being enervation of the muscles of the bladder, of which the sequelæ became diagnostic. The discharge of purulent matter was also indicative of the action of unhealthy urine in the mucous coat of the bladder When I first saw the patient, it had been several days probably since his bladder had been completely emptied, as he had had difficulty in urinating for several weeks. The pain complained of at first in the region of the right ureter and kidney, can be accounted for, I think, without considering the hemorrhage renal, by the clot blocking up the ureter, and thus retaining the urine in the pelvis of the kidney. Whatever the pathology of the case was or might have been, the first indication was to remove the clot; and I would add my mite of testimony to the efficiency of injections of dilute acetic acid. I think that in this case it had a decided effect in disintegrating the clot.

### Experiments with Cow-pox.

M. Depaul thus summarises the results of the experiments with cow pox, conducted by him, from the 12th of April to the end of December, 1866. He writes: 406 children have been inoculated with cow-pox, taken on the third, fourth, fifth and sixth days, from perfectly sound heifers. Out of this number, 123 have evaded our final examination; but we have only had five unsuccessful cases. Inoculation succeeded in 278 children, giving 1228 pustules—being at the rate of 4½ pustules per case. This shows that cow-pox, when taken under good conditions, is at least quite as productive as infantile vaccine.

—— One government alone, says *L'Imparziale*, remains in Europe, and, we may say, in the civilized world, which has not given in its adhesion to the treaty of Geneva for the treatment of the wounded in war. This exception is the Papal Government.

## THE RATE OF MOVEMENT OF THE SOFT SOLID AND LIQUID OF THE BLOOD.

By Prof. Rufus King Browne, M. D.

Late Professor of Physiology in N. Y. Med. College.

In 1861, while making some experiments, in a series of lectures on the circulation, I was struck with the fact, that the red globules pursue the round of the circulation at a very different rate, from the plasma. The first observation which induced this conviction, was that under the microscope some globules may occasionally be seen to await the precedence of others. This fact could not be made to accord with the supposition that the globules were simply borne along at the rate of flow of the plasma. That the part of the plasma, corresponding to the line of the waiting globule, continuous with the whole volume, should hold back and restrain the globule, and participate in the rate of flow of parts beside and continuous with it, was wholly impossible to be reconciled with the ordinary supposition that the globules and plasma moved at the same rate. So, too, other similar facts, as for example the fact of the undue accumulation of red globules in the capillaries of particular regions, could not be explained on the ordinary belief. In order to understand this latter phenomenon we must assume as fact, either that the plasma can advance and leave behind the globules in a state of accumulation, or that the globules are capable of advancing at a far more rapid rate, and do themselves accumulate in particular parts. In reality, to explain the phenomenon, we must regard one or the other as *facts*.

It was not until the last winter, however, that I was enabled to assure myself of the exact truth of the case.

The entire column or stream of blood, it is universally believed, moves at a rate—which is the same for all the contents of the bloodvessels, in any given section of the bloodvessels, during any given time. The soft solid bodies being borne along and moved by the plasma. But in reality the red corpuscles move in the fluid and through it at a much more rapid rate than the plasma. It is on this, as an acknowledged fact, that we can explain the great difference in particular sections of the vascular system of the marked variation in the proportions there of the plasma and globules, as for example in the capillaries of the lungs. First, in those portions of the blood channels, as the veins, which cannot of themselves act, to forward the whole *column* of blood, as in the arteries, a far larger proportion of red

globules to plasma in a given measure can be found. This is regularly the case; and is due to the fact, that there is a comparative accumulation of the red-globules in the veins, causing a retarded or slow movement as compared with their free progress in the arteries. This retardation can only be relieved by some accelerating force at the cardiac side of the column of venous blood. As successive portions reach the venous side cavities of the heart, and their passage into the pulmonary capillaries is accelerated by the ventricular impulse, the globules resume their usual rapid rate of flow. Between the heart and these capillaries, the unequal proportion of globules to plasma, or the excess of globules, causes the pulmonary capillaries to be crowded with them, to the comparative exclusion of the plasma.

As the globules push forward at a much more rapid rate than at the section of accumulation, through the pulmonary circuit, into the arterial cavities of the heart, the new impulse of their contraction greatly accelerates the flow of the plasma as well as red corpuscles. As a necessary consequence of the comparative accumulation of globules in advance of the arterial part of the circuit, the plasma has been retarded in the smaller arteries and capillaries, and its proportion to globules, nearly the reverse of that in the veins; but with the impulse of the heart, the volume of plasma from the cardiac to nearest the smaller arteries, has an increased rate of flow, over that still nearer the capillary system.

There are, therefore, three distinct stages of the circulation dependent on a difference in the rapidity of flow between the liquid and soft solid elements of the blood.

One in the arterial cavities near the heart, in which the blood corpuscles are fewest in proportion to the volume of plasma. It is here and at this stage, that the great disproportion between the two, up to the arterial side of the heart, has not yet been, but is being equalized by the rapid advance of the corpuscles through the plasma. This disproportion continues up to the left ventricle, when it begins to be overcome by the more rapid advance, compared to the plasma, of the corpuscles, tending to distribute them equally through the columns of fluid. Throughout this part of the system there is no accumulation of globules, and no impeding influence upon them, consequent upon it. But the rapidity of the flow of plasma slightly decreases for the liquid, from the heart toward the capillaries.

The second stage is in the capillaries, where the rate of passage of the plasma is further lowered, and that of the globules continues the same. This continues until the globules reach the venous auricles, a point at which the accumulation nearest the arterial side of the heart commences. But the accumulation already exists from this point on to the venous side of the heart. This accumulation is due to the constantly existing rapid flow or progress of the globules over the rate of the plasma, and is to be understood when we give due attention to the fact that the blood is an endless column, no part of which is a terminus, a beginning and end, and further, that the arterial flow is also an endless movement, which, though variable in the parts of a continuous rate, has no moment of commencing, and no moment or time of ending. Nor is this a complete statement of the necessary element of understanding the case, for as the entire, endless flow or movement has no beginning or end, *none* of the parts of the movement has a beginning and end, or moment when the flow, having ceased, begins, and when ceasing, it ends. In the veins, therefore, the globules regularly have accumulated. They occupy the calibre of the vessels with a very small proportion of plasma, which cannot flow past, nor in a continuous stream through them. Their position is now in advance of the continuous stream of plasma, of which they take a gained precedence. At the same time, at the cardiac end of the venous system, the volume of blood is leaving it, to pour into the venous cavities of the heart. This is taking place at the cardiac end of what we may call the accumulated column.

The conditions here are a greatly disproportioned quantity of globules. They cannot be carried forward in this space by the plasma, which cannot gain on them, but is nearly quiescent. But simultaneously, the venous ventricle impels each of its charges forward by contraction, and the disproportion of the red globules is necessarily maintained through the capillaries of the pulmonary circuit. A new impulse is given to the whole, but the red globules again move at a more rapid rate.

In the lung circuit, or pulmonary artery and its capillaries, globules renew from the cardiac side, and increase their rate of speed in the same disproportion to plasma. They, almost alone, always crowd the capillaries of the air-vesicles, which accounts for the uniformly observed fact, that they are far more numerous here in a given space, than in the arterial system or the capillaries elsewhere.

Turning into the arterial cavities, the flow of the plasma being at the lowest rate, and in fact dependent, in part, for that rate, upon the glob-

ules pushing forward, is accelerated by the heart push or pressure, from which point it again declines in rate outward, while the globules, having moved through it, become more equally proportioned to the plasma by distribution. There is, therefore, a difference of rate of speed for the fluid blood and for the cell-like elements. Nor is the rate of either uniform throughout the flow. There is, in different parts of the circuit, a difference in rate of the plasma, and a difference in rate of the globules. Acceleration of the latter supervenes on the cardiac impulse on its lowest rate of passage, and the decline of rate immediately supervenes on the accelerating impulse, a continuous gradation of movement. The lowest rate of both nearly coincides in the veins. Here the quantity or proportion of each greatly differs from that in the arteries, for the red globules are enormously in excess, in consequence of their rapid progress through the plasma. In no two parts of the system is there, however, any uniformity in the proportion of the soft-solid and liquid parts of the blood.

Though there is no point of beginning or ending for either the column of blood, nor time of beginning nor ending of the variations in its rate, yet there is a moment when the blood is *stayed* on the venous side of the heart, namely, when the contraction of the venous auricle last preceding the systole of the ventricle occurs; and there is also a moment midway of the column, when the column receives a new impulse in the form of a push. Last preceding this, there is likewise a moment when the column is divided at the auriculo-ventricular line, the heart, being collapsed, and no interposing force is exerted. The latter is longer than the first, for the division or separation continues until the venous cavity has time to fill and contract. The regular recurrence of this moment of separation and lapse of cardiac pressure, has effects which we cannot yet estimate, from defects of observation. We can only say that there is a part of the venous hollow which collapses and contains no blood, thus making a hiatus or hyphen in the column. This collapse must change to an open state and fill the space. But up to this time the column is divided until the pulmonary valves open and a charge passes through them, and simultaneously with this reaction of the column at that point, it is divided behind at the auriculo-ventricular valve which operates between the emptying cavity and the *back* column.

It appears to me plain that these facts, although I do not at present suggest all their applications, explain many morbid conditions, the obvious effect of which is evident in the accumulation of globules, and the consequent staying of advance of the globules and flow of the plasma. Under these conditions the plasma must transude through capillary walls, and collecting there, cause the nidus of abscesses, etc. But of these applications we must say something in another paper.

There can be no doubt, that the column of plasma, were the rate of the globules no faster than its own rate, would bear them along at the latter rate and not permit them to fall behind, in virtue of the fact, that a stream of fluid will carry particles along at its own rate, where they are not caught or arrested by any projection in the stream. Hence, the circumstance we named awhile before, which might, through a mistake, be adduced as explaining retardation of motion of the globules could never exist, because if the red globules tended to move slower than the *plasma*, the plasma itself would necessarily and inevitably carry them forward at its own rate, effectually precluding their accumulation by their retarded movement, the plasma leaving behind or gaining on them. Hence, also in observing the slow, and for the instant, delayed movement of the globule back of those in advance two rows, entering the same capillary, and measuring the rate of the whole blood, by the movement of the globule, we suppose the two concurrent capillary streams, tending into a third, to be moving at different rates, but in reality the movement of the fluid portion is the same in either, but in one the red globules are faster than the other, taking precedence. This often observed incident proves that the globules have a motion not all alike, as generally supposed, being moved by the fluid column, but in reality have a movement through that column, each for itself.

The reason why there is relatively a small proportion of globules in the capillaries, is because of the enormously greater channel space in the latter than in the arteries. As they move forward to the veins, they again are limited to the greatly diminished space, and must necessarily *accumulate* and impede each other. In fact this regular difference in the relative proportion of plasma and red globules, *implies* the fact, that the one moves at a very different rate from the other. It could never occur if the globules are passive, thin, or inert bodies, moved along by the plasma, being in fact propelled by it.

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—— Dr. J. Letterman, formerly Medical Director of the Army of the Potomac, is one of the candidates for Coroner of San Francisco.

# HERNIA: ITS PATHOLOGY AND TREATMENT.

By E. P. Banning, M. D.,

Of New York.

[Concluded from p. 209.]

### Of Anal Hernia, (or Piles and Prolapsus Ani.)

Various, and in the main, ineffective have been the treatments of these most depressing maladies. Of the primary pathology of these affections, as based on an undue gravitation of the abdominal organs upon the hemorrhoidal veins at the sigmoid flexion of the colon, we have spoken, in the July numbers of the Reporter for 1866. We then showed that the result of such a pressure would be to induce constipation, by mechanically obstructing or retarding the descent of the feces into the rectum. Second, to induce general torpor in the first passages, through a loss of the stimulus of a normal upward pressure of the abdominal viscera. Third, by a direct compression of the hemorrhoidal veins, to induce joint constipation and enlargement of the rectal veins; and, lastly, by the strong expulsive efforts necessary in defecation, to induce both hemorrhoidal tumors and prolapsus ani.

In these papers we also showed, that by *perfect* abdominal and spinal support, these visceral bearings would be corrected, the blockading compression upon the rectum and its veins removed, the normal activity of the primæ viæ restored, and constipation and hemorrhoids accordingly relieved.

But where constipation, diarrhœa, and hemorrhoids, have existed too long, and the tone of the anus has become too much broken-down by continual stress, then prolapsus ani and hemorrhoidal tumors may often continue, even though the primary cause be removed. In truth, it is common to meet with so perfect a relaxation of the sphincter ani, that one moment's vertical posture is sufficient to induce a descent, and an eversion of the rectum, of the size and appearance of an enormous rose. This state of things we found extensively in the army, and was largely the result of excessive endurance under the pressure of heavy accoutrements upon the shoulders and abdomen.

*Curative indications* in the premises are plain, viz. First, to correct the general trunkal relations and visceral bearing toward the inferior colon, by means of the abdominal and spinal shoulder-brace, as before elucidated in previous papers. Second, to apply a spring support to the anus. This is accomplished by means of what we denominate the pile-spring, which is attached to the rear bar of the brace. Its distal end is armed with a self-adjusting and sliding ball, which sits upon the anus with a rolling or "universal motion," and is in no danger of traction or slipping, on flexing the body. In order to the more *specific* pressure, and the greater amount of support to the anus with the least requisite force, the ball should be as small as possible, without its penetrating the anus. As a sedative in case of much irritability of the parts, we cover the ball with sheet lead, and when there exists a necessity for local medication, it is convenient to spread the remedy upon soft linen, and let the ball press and hold it upon the anus. Ordinarily, a mixture of equal parts of tar and mutton suet has a happy effect.

Cases. Whilst testing this plan in the City Point Hospital in April, 1865, A. A. Surg. Brainard presented at our quarters two soldiers in the following condition, viz., Had been reduced by chronic diarrhœa, were emaciated and exceedingly feeble. Diarrhœa was followed by hemorrhoidal tumors and daily hemorrhage in the case of one, and by hemorrhage and extreme prolapsus ani in that of the other. Their systems seemed to be nearly ensanguined; appetite destroyed, and aliment passed in an undigested state. To these cases the abdominal and spinal shoulder-brace, with the prolapsus ani spring and ball, was applied. On the evening of the same day, Surgeon B. reported both the men to be "looking and acting better," and had relished some light supper. In the space of a few days, their complexions were improved, and they were placed on hospital duty. In the language of the surgeon, "the result was marvellous." We let these cases suffice, but might continue to quote at great length.

But among the benefits of making abdominal support a basis principle in hernial and hemorrhoidal trusses, that of preventing and relieving chronic diarrhœa, as a concomitant or a distinct malady, especially in armies, stands prominent, and is beyond value. But as want of space prevents our elaborating this point, we must refer to our paper on that subject, in the July 28th, and Aug. 11th, 1866, numbers of the Reporter, only stopping to earnestly recommend the profession to give this point their patient consideration.

Thus, then, is it not plain, that in our plan we have at once a spinal and abdominal support, a uterine repositor, and an inguinal, femoral, umbilical, and anal truss, either separately, or combined in one and the same arrangement, each

part acting independently of the other, and all in reciprocal harmony; and that, with no inconvenience to any part of the wearer—a desideratum in practice. Thus much for theory, and we now proceed to consider

*The Demonstration.* Fortunately for perspicuity on this point, the demonstration has not been private, but public and official. Our plan having, by official orders, been tested two years, in eighty-one of our army hospitals, and in the field; but, out of the multitude of reports upon the result, made by surgeons in charge and by special army boards, we give only the subjoined, as being fairly representative:

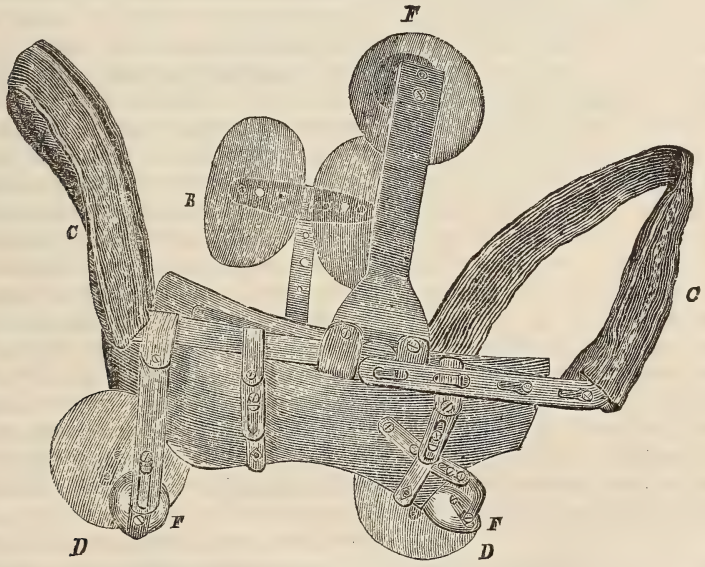
The first of these, from Surgeon D. W. Bliss, (a surgical expert) in charge at Armory Square, Washington, will command the highest consideration from the fact, that five months elapsed between his first and second reports.

"Sir: Upon careful examination of the instrument, I was impressed with its principle of abdominal support, which relieves the abdominal parietes of much of the weight of the viscera, thereby lessening the amount of pressure required to occlude the ring and retain the gut.

I consented to the application of nine supporters with hernial attachment, upon patients presenting a variety of hernias, with complications, five of which were very intractable, and failed to be retained comfortably, by any kind of truss I had heretofore been able to procure. The patients have now worn the apparatus for more than one week, and have been placed upon laborious duty, and directed to exercise freely and violently, so as to demonstrate fully the power and capacity of the instrument under the most adverse circumstances. I have to day carefully examined each case, and find the instruments perfectly comfortable to the patients, without any tendency to displacement, or to induce undue pressure or friction at any point. The ring is rendered patent, and the gut retained with much less pressure than by the ordinary truss; and, in two cases which presented symptoms of an early protrusion of the intestines on the opposite side, they were entirely relieved by the support to the abdomen, derived from the brace, and I have reason to believe, thereby preventing a double hernia.

Among the many advantages of the brace truss over any other style I have applied or ex-

Fig. 13.




External and frontal view of Brace Truss for Diarrhœa, Prolapsus Ani, and Inguinal, Umbilical and Femoral Hernia, separately or combined.

*A A.* Supporting abdominal plate, armed with hernial balls, which by slides and set screws are immovable, out, in, upon, down, and also to increase or diminish inguinal pressure at pleasure, without the necessity of increasing or diminishing the abdominal support.

*D D.* Counter supports to the glutei muscles.

*C C.* Arches of the main-spring, setting firmly above and inside of the crestæ ilii.

*B B.* Dorso-lumbar supports on either side of the spine.

*F F.* Adjustable spring supports for femoral and inguinal hernia, armed with a round ball, just fitting the femoral ring—maintaing its position by means of an automatic slide, and a universal or rotary motion.

*E.* Adjustable plate and ball for umbilical hernia.

Each part of these instruments is readily attached or detached at pleasure.

amined, are the following: 1st. By means of the elevation and support of the viscera, they hold the hernia more easily and securely. 2d. The pressure upon the ring may be graduated by a set screw, without diminishing the abdominal support. 3d. While retaining one hernia, they, by support of the abdominal viscera, prevent another on the opposite side. 4th. They make no pressure upon the sacrum as in the case of the ordinary truss, all opposing pressure being on the fleshy glutei. 5th. By passing above and inside the crestæ illii it is not displaced, nor does it produce unpleasant pressure upon the illium, like the ordinary truss, when the patient takes the recumbent posture. 6th. The apparatus is cool, light, and easy of adjustment after being once well applied. 7th. Being perfect in its mechanical adaptation, free from the friction and unnecessary power required in the use of the ordinary truss, to render patent the inguinal opening, it is less destructible."

In his second special report to Medical Director Abbott, issued five months afterward, Dr. Bliss gives additional testimony to the value of this method of treating hernia.

The next is the report of a special Board of investigation, appointed by the chief medical officer at City Point, Va., whither, at the recommendation of Bvt.-Brig.-Gen. Satterlee, Chief Medical Purveyor, U. S. A., we had been ordered to report in order to make the final test as to the comparative merits of our plan, and also as to whether by its *general* adoption in the army, ruptured soldiers could be returned to the ranks. This test was made upon about one hundred soldiers who were disabled by hernia alone, most of whom were then wearing ineffective trusses, supplied by government. The result of this test was, that out of the whole number, about sixty per cent. were so radically cured, as to leave no trace of any hernia on which the Board could report, and that upon the remaining forty per cent of them, the Board reported the result to be perfect. Most of the men having been either returned to the ranks at Petersburg, or put to the trying service of stretcher bearing, at the time when several thousands of wounded, dying, and dead were arriving, during the last battles of the rebellion.

*Extract from Report ordered by the Chief Medical Officer.*

"Sir: * * * * In the cases of different varieties of hernia, of which a list is appended, the general favorable result of its application was beyond question, and in comparison with the trusses in common use, Dr. Banning's is considered infinitely superior. In every case where the use of the truss has been recommended by the Board, the hernia has been distinctly apparent, before the application of the instrument and after its removal. But while in proper position, in every case, and under all circumstances, the intestine has been retained in its proper cavity, even during the performance of the ordinary duties of hospital labor, such as those of nurse, stretcher-bearer, etc.

Many of the cases presented to the Board for examination were rejected, and do not appear on the following lists, by reason of no hernia being actually perceptible, nor could such be produced at the time of examination. At the same time, however, the board cannot safely declare, that no hernia existed when the truss was originally applied, the testimony of the patients generally going to attest the fact."

[Signed] W. O. McDonald,
Surg. U. S. Vols.
[Signed] W. L. Faxon,
Surg. 32d Mass. Vols.
[Signed] C. A. McCall,
Ass't Surg. U. S. A., *Recorder.*

**Other Considerations on the Subject.**

But besides a defective pathology and a consequent defective construction of trusses, there are other reasons for only a *partial* success in the treatment of hernia.

1st. It is a strange but notorious fact, that as a rule, the profession have ranked the subject of hernia altogether below its proper grade, in point of importance; especially so, in view of the persistent attention which they bestow upon other comparatively trifling maladies.

2d Contingent to this fact (except in case of a chance for eclat from an operation), the summary process of "putting on a truss" and dismissing the patient to go to his ordinary labor, is performed much like the extracting of a tooth, and the case is by the surgeon soon forgotten. In the meantime the truss may have been a poor one; the adjustment of it very imperfect, its force undue, and the case a peculiar one, requiring the excercise of dexterity and judgment. But above all, in connection with these, the free exercising of the body in a vertical position, during the period of adjustment and acclimation, is calculated to produce displacements of the truss, partial protrusions of the gut under visceral pressure, and excoriations from friction. The consequence of all of which is, that either from a new occlusion of the ring, or from painful incompatibilities, the subject is abandoned to a total or a partial failure; and so the treatment of hernia by trusses, has in the mind of the profession gradually assumed the mixed form of discouragement and disgust.

This is no vague statement, but one that was demonstrated upon the grandest scale in the U. S. Army. During the time we spent at the front, under authority from the present Surgeon General, the question was, "Can the Banning truss, restore ruptured soldiers to the ranks?". During this

time, we were in contact with hundreds of surgeons, and not one among them all expressed the least faith, that anything "effective and comfortable," could be done.

And yet, as has been seen, on assuming the entire control of about one hundred men at City Point, and compelling them to report daily, (and even hourly in some cases,) within ten days, every one of those were as able to return to the ranks as any others. (See above report of the Board). Those who were not returned, were put to the more arduous duty of stretcher-bearing.

What then is the sum? simply this, that every hernia, like a fracture, is a specific and *positive* lesion, of a serious and often fatal character, and requires a persistent and specific treatment until cured or abandoned.

**Suggestions for the Consideration of Civil and Military Hospitals.**

1st. In civil, and particularly in *military* hospitals, there should be instituted a DISTINCT DEPARTMENT of HERNIA, with EXCLUSIVE HERNIA WARDS, where all cases of prolapsus ani, hemorrhoids, varicocele and the varieties of hernia, should be detained until either *cured*, *protected*, or abandoned.

2d. The patients in these wards should be under the charge of one only and the same surgeon.

3d. The surgeons of such wards should not only be generally scientific, but reputed as *common sense geniuses and experts*, who have an enthusiasm for this department, and who have taken some lessons from men of experience, in our plan, and would feel annoyed at the occurrence of *one failure*, under their hands.

4th. The patients, at the *first* should be quiet, and inspected hourly, or, at least, as often as the slightest defect in effectiveness and incompatibility is apparent. Next when protection under *quiet* is attained, then the subject should be graduated to violent exercises, in all positions of the body. Attempting this too early, may embarrass the progress.

Were such a systematic course to be pursued (as was demonstrated by my stay at City Point,) more than eight-tenths of the hernia cases could within ten days be returned to the ranks of an active campaign; and above all, to the full use of their physical powers, in *their own* service. So completely was this point demonstrated, by the reports of the special Board (Dr. BLISS and others,) that it was concluded to make hernia a distinct department, under the working of the above suggestions. But, unfortunately for thousands of ruptured soldiers, (and also for the writer), this demonstration came too late, as this conclusion was immediately followed by a rapid disbandment of the army. But were the above suggestions to be fully carried out in all the vast standing armies of our country, and of Europe, what an immense number of men would be saved to the service, and what flood-gates of individual suffering and want would be closed in consequence.

## LIGATION OF THE COMMON CAROTID.

By H. WARDNER, M. D.,
Of Cairo, Illinois.

Adolph Bion, an artillery soldier, while stationed at Corinth, Miss., in August, 1862, received an incised wound in the right side of the neck, from the sharp edge of a heavy piece of glass (the bottom of a brandy bottle), opening the external carotid near the bifurcation. The accident occurred about six o'clock, P. M. The hemorrhage was very profuse, but was partially checked by a compress and roller wound several times *around* the neck by some representative of the medical staff who chanced to be present, and by syncope, which succeeded each fresh outburst of blood.

I saw the patient about 9½ o'clock the same evening. He was lying in the open air upon the ground, his face, lips, and tongue entirely bloodless, his wrist almost entirely pulseless, and he was incapable of answering any questions. Fresh arterial blood was continually escaping from under the dressings.

I immediately cut away the bandage, and removed a large clot which had formed in the wound, and which was pressing upon the trachea so that he breathed with difficulty. His breathing was instantly relieved. There was a sudden gush of blood which had been accumulating in the wound and areolar tissue. The common carotid was then compressed with my thumb, and held for one hour, when he opened his eyes, and I noticed a little, very little, color returning to the lips. He asked for water, which was given him. After another hour, I placed a hard roller upon the artery, instead of my thumb, and held it in its position by laying one end of a stick of wood upon it. A man was stationed on each side of him, with strict orders not to allow him to move a muscle until morning.

(There were two reasons for not ligating the artery at once. 1st. It did not appear possible that the man could revive; and, 2d. There was but one solitary candle at hand, which but little

more than made visible the intense darkness of a very cloudy, moonless night.)

At 8, A. M., I was notified that the man was alive and feeling well, and that he had not stirred a hand or foot. A half-hour later, I was again notified that in attempting to urinate, he had moved his head a little, when the blood gushed out again. In a few moments I was at the spot, ready to apply the ligature. He had fainted, and the moment was seized to take up the common carotid, which was tied just above the omo-hyoid. The vessel was not tied above the wound. No further hemorrhage occurred at the time, and under a careful diet he slowly recovered. The ligature came away on the eleventh day. At the expiration of five weeks he was able to walk a few rods with help. During the sixth week, it became necessary to remove him about one mile, to the Central Hospital. He was taken in an army baggage-wagon, which was driven half the distance over a very rough corduroy road. The ride wearied him and caused a good deal of arterial excitement, with tendency to congestion of the head. During the following night he had an attack of hemorrhage from the wound, which had not entirely closed, which returned during the three succeeding nights. A tent was introduced and pushed to the bottom of the wound, and then saturated with the solution of the persulphate of iron, and allowed to remain until it was discharged by suppuration. He was treated with veratrum viride, and kept on a low diet. The hemorrhage did not return. He slowly recovered, was discharged from service, and is now in business connected with a firm in St. Louis.

### Structure and Functions of Gland-Cells.

Professor J. H. Salisbury, of Cleveland, Ohio, communicates to the *American Journal of Medical Sciences* observations on rheumatism in connection with the structure and function of parent gland-cells He says that each individual parent gland-cell has all the elements of an independent organism, possessing a vitality independent of that of the systemic life. Each cell feeds, digests its food, assimilates it, grows, organizes, and eliminates. In its normal condition it organizes those cell, and filamentous, and other products that are needed for the physiological tissues. When its food is imperfect, its processes of digestion, assimilation, and organization become deranged, and pathological products are the result. These pathological products vary with the varying conditions. He distinguishes four or more types of rheumatism, viz., 1. Lithic rheumatism. 2. Oxalic rheumatism. 3. Cystine rheumatism. 4. Phosphatic rheumatism. The causes which, under certain conditions, produce the various forms of rheumatism, under other circumstances result in a variety of mental, paralytic, and neuralgic disturbances.

# Hospital Reports.

Pennsylvania Hospital,
*March 13th*, 1867.

## Clinic of J. M. Da Costa, M. D.

Reported by Dr. Napheys.

### Pleurisy—Paracentesis.

Michael L., æt. 28. This case, which was introduced into the hospital prior to Dr. Da Costa taking charge of the wards, was one of pleuro-pneumonia, with a good deal of constitutional depression and which terminated in considerable effusion.

With reference to the treatment, his kidneys have always been freely acted upon, and have always responded to the treatment. For a time the effusion rapidly diminished under the use of the tonic diuretic, the ammonio-chloride of iron in solution, aided by repeated blistering over the lung. Lately, however, not only has his improvement stopped, but the effusion is again gaining. Since the first of the month a considerable increase has been noticed in the amount of the fluid. The tonic diuretic, which had improved his general health at the same time it seemed to be carrying off the fluid from the pleural sac, no longer proving efficient, was stopped. The nourishing diet and counter-irritation of the chest by means of the blister were continued and he was given five grains of iodide of potassium three times a day.

The right side of the chest looks more dilated than the left, and it scarcely rises during the act of breathing, the left side clearly performing a good deal more action and more of the function of respiration than the right. The right shoulder is higher than the left. The right side of the chest, measured an inch and a half below the nipple, gives eighteen and five-eighths inches; the left seventeen and three-eighths inches. The right nipple is from three-fourths of an inch to an inch higher than the left. The intercostal spaces are effaced on the right side.

Percussion yields good pulmonary resonance on the left side from the apex down. On the right side there is slight pulmonary resonance, only of a higher pitch, with an approach to a tympanitic sound, down to the second rib; below which there is most marked flatness anteriorly. Posteriorly, on the right side, there is the same general want of resonance, although marked dulness does not begin higher than an inch and a half above the angle of the scapula. The line of marked dulness is therefore higher anteriorly than posteriorly. Below the line of marked dulness posteriorly on the right side respiration is almost absent, as it is anteriorly, excepting at the second rib, where there is distinct bronchial blowing. The vocal vibrations are very deficient, scarcely perceptible on the right side, whereas they are distinct on the healthy side. When there is present increased size of the chest, with marked dulness on percussion, with absent or very feeble respiration, and absent or very feeble vocal fremi-

tus, it is certain that there is a large pleuritic effusion present, which is the case here.

He is now being treated with iodide of potassium, five grains three times a day. The effusion has not gained since that treatment was begun, if anything it has a little diminished. The dose of iodide of potassium will be increased to ten grains three times a day. The kidneys are acting freely under the infusion of juniper. To still further promote the absorption the following ointment will be used.

℞. Hydrargyri chloridi corros., gr. iv.
Potassii iodidi, ʒij.
Adipis, ʒj. M.
Frat ung.

A piece of this the size of the end of the thumb will be rubbed over the chest night and morning.

If this treatment does not succeed after two or three weeks trial, then the patient will be unhesitatingly tapped. Dr. Da Costa's rule of action in such cases is very simple—so long as the patient is improving, so long as accurate physical examinations show the level of the fluid to be decreasing and the man's general health also improving, do not tap. It may be a slower means of cure to trust to the absorbent effect of medicines, but it is safer. Just as soon however, as the case is stationary, so soon as the fluid is not found to be diminishing and the patient is observed to be getting pale, with a disposition to sweat, instantly tap. It is very much better to let out the fluid at once than to leave it there and have it changed into pus.

April 17th. After the treatment which was instituted at the last clinic this patient was before the class, March 13th, viz., iodide of potassium increased to ten grains three times a day, and the use of an ointment containing four grains of corrosive sublimate and two drachms of iodide of potassium to the ounce, the man improved for a time, but lately the effusion has again gained. Moreover, strange to say, the ointment produced a mercurial impression on him, a slight fetor of the breath, some salivation and some sponginess of the gums. It was suspended, having had little influence on the effusion. His general health failed at that time and his digestion suffered. Since then he has almost if not wholly regained what he had lost, but the absorbing effect expected from the treatment has not been produced. Therefore, having tried fairly every remedy which promised well, no choice is left in a case of this kind. Medical means failing to get rid of the fluid, resort must be had to surgical interference.

The chest is very much dilated on the right side, measuring on the 12th inst., 1½ inches below the nipple, 19 inches, whereas on the left side, the measurement was 17⅝ inches. The intercostal spaces are prominent on the right side but without any evident fluctation, nor, excepting at the upper portion of the lung, does there appear to be anything that could positively be called bulging. The chest on the right side 1½ inches below the nipple, measures to-day 19⅜ inches, having increased three-eighths of an inch since the 12th inst., and three-fourths of an inch since March 13th. Auscultation shows a murmur perceptible though feeble, to about an inch below the nipple on the right side, but from that down no respiratory sound is perceived, though the heart's action is heard and a systolic murmur distinctly noticed. Posteriorly on the right side a respiratory murmur though faint, interspersed with friction phenomena, may be heard almost to the lowest portions of the chest, and even low down a slight crackling sound is perceived. But the greatest intensity of respiratory murmur with the most prolonged expiration and most of bronchial sound intermixed, is perceived anteriorly over the upper portion of the right lung as far as the third interspace, particularly in the second interspace, the nipple here being in the fourth. Percussion on the right side anteriorly is everywhere flat from the clavicle down, it seeming dullest and there being more resistance at the lower than at the upper part of the chest. In the first two intercostal spaces anteriorly the percussion, though dull, is mixed with some tympanitic character. Posteriorly, the same difference is observed between the two sides. There is a good deal of harshness of sound on the left side, with some râles about the middle of the left lung anteriorly. A few râles and harsh breathing are also perceived in parts over the lower portion of the left lung, but the left apex is healthy, the vesicular murmur there being normal, and a very slight expiration only perceived. The dulness of the liver extends further downward than normal, about one and a half inches below the margin of the ribs. That organ is therefore displaced downward.

Why should this patient be tapped? And if tapped, is the result a certain one, certain in withdrawing the fluid in the first place, and certain in its ultimate consequences?

Tapping should be resorted to because there is fluid present, and medical means will not get rid of it. Operative interference should not be rashly urged; it has not been done so here, every medical means has been tried first. When in cases of pleurisy the effusion remains chronic in spite of treatment steadily pursued, it is the duty of the practitioner to let out the fluid, because the danger of the operation is very slight compared with that of leaving the fluid there. But will the operation certainly succeed? Not necessarily. The thick adhesions in this case present a difficulty, and may render it possible that when the trocar is introduced the first attempt will not obtain fluid. Again the operation will not necessarily succeed in this case because, with the signs present on the left lung and with the pleurisy on the right side, it is probable that there is a tubercular complication, experience having shown that pleurisy on the right side is more frequently associated with tubercular complication than on the left. But under these circumstances the operation is justifiable, because it will give the man a far better chance of improving.

It is not necessary to enter into a history of this operation, to show how it was followed and abandoned from time to time, and how, finally, the medical mind has settled down into a belief in its utility. The operation is as old as Hippocrates, only in former times it was done by the clumsy process of breaking through a rib, and

letting out the fluid thus. Then there arose the process of cutting into the intercostal spaces with the knife and so giving vent to the fluid. The danger of the operation thus performed, led to its almost total abandonment Here and there a physician would lift up his voice and urge the surgeon to perform it, but the surgeon, knowing how uncertain was the operation, believing in the great likelihood of air getting into the pleura, would generally refuse. This was very much the condition of things until the trocar was introduced. It was found that when its use was applied to the chest, it gave as good, if not better, results than when applied to the tapping of the abdomen. This history of the operation by means of the trocar does not date very far back. There are men still living who can recollect when the question was agitated, of substituting for the knife the trocar, in the operation of paracentesis. And it appears by recent observations, that if air does get into the chest, it does not do very much harm, and therefore, this objection to the operation has been proved by absolute experience to have little foundation.

Another objection urged against the operation is, that if the man be tapped, and no fluid obtained, which is quite conceivably possible, and may well happen, the man is made worse. Dr. Bowditch tapped a man five times, only succeeding in obtaining fluid on the fifth operation. The man did not die, but got well.

The mere fact that there is danger of meeting with adhesions, is no real objection to the operation. All this presupposes that the physician is sure of what he is doing, that he is confident enough of his opinion to be aware that there exists fluid and adhesions, and is not merely tapping the chest because it appears dull on percussion, and is thought, on a superficial examination, to contain fluid. It should be remembered, that it requires skill in the recognition of disease to be certain of the presence of a pleuritic effusion.

There being, in this case, a strong possibility that there exists a tubercular element, it may be asked, should this prevent tapping? No, for what harm can we do to let out the fluid, removing a source of irritation and giving the lung an opportunity to expand?

It remains merely before the performance of the operation to discuss two points. In the first place, to call attention to some of the facts which make the diagnosis here a certainty; and in the second place, to ascertain whether it will be possible in advance to say what the character of the fluid is that will be obtained.

The man is constitutionally in a much better condition than he was a week ago, but there is the same flatness on percussion over the whole right side of the chest. When he speaks, there is a distinct vibration on the healthy side, and an absence of vibration on the side where there is effusion, although a slight vocal fremitus is perceived over the upper portion of the right side. The right side of the chest, one and a half inches below the nipple, measures $19\frac{3}{8}$ inches to-day, the same as a week ago.

These symptoms of dilated chest, with absent vocal vibration, and with such dulness on percussion, do not belong to any affection except chronic pleurisy. Could not a tumor within the chest, or an enlarged liver, give these phenomena? Enlargement of the liver could not extend up to the clavicle, so that is out of the question in this case. Although an enlarged liver might press upward to a great extent, yet above that the respiration would be distinct, and the vocal vibration intense, and, indeed, both might be even harsher than in the natural condition.

The question of a tumor is not so easily set at rest. A thoracic tumor, cancerous in particular, does give rise to marked percussion dulness. But it is in the highest degree unlikely that a tumor in the chest should give dulness on percussion, with absent breathing confined to one side. Such a growth would spread under the mediastinum, and in part give the same phenomena on the other side. Moreover, a tumor gives rise to irregular percussion dulness, there are spots of dulness rather than uniform dulness, as is here found.

Emphysema and pneumo-thorax both cause considerable dilatation of the chest, but they do not occasion flatness on percussion, but on the contrary, increased clearness. Percussion sets at rest the supposition of emphysema and pneumo-thorax. If the affection were on the left side, it might be necessary to discuss whether or not it was a distended pericardium, but being an the right side, such a discussion would be here out of place.

Is it possible to know beforehand what kind of fluid will be obtained, whether or not it is purulent? for if it were known to be purulent, there could be no question as to the necessity of the operation, even if doubts had existed before. Unfortunately, this cannot be decided positively. The more Dr. Da Costa has studied this question in the light of clinical experience, the more reluctantly he has been forced to the conclusion that it is impossible to say whether pus or serum will be found. If a very high temperature and a decided febrile movement were found in the morning and evening, it would probably be significant of pus in the chest. Dr. Da Costa is studying this point by observations which are not yet sufficient to warrant him in framing a positive law. Observations taken in this case do not indicate a very high degree of temperature.

Examining once more the left, the supposed healthy lung, there is found to exist still some modification of the vesicular murmur at the upper portion, and some harshness of breathing at the lower, with a few râles—nothing else.

The operation of paracentesis was then performed by Dr. Addinell Hewson, who tapped between the seventh and eighth ribs, at about the junction of their middle and posterior thirds, which gave the most dependent point for draining. The tapping was done with a trocar, a membrane being stretched over the canula, so that when the trocar was withdrawn, any attempt at inspiration would draw the membrane in, and prevent in that way the introduction of air.

First of all, a valvular incision was made in the integument in the intercostal space below the point where the trocar was entered, then sliding that up, the chest was tapped over the upper

border of the eighth rib. Rhigolene was employed to relieve the patient from the suffering attendant upon the external incision, the most painful part of the operation.

An immense quantity of fluid was obtained.

The valvular incision was closed by two interrupted sutures and adhesive plaster, and a compress and bandage applied.

# Editorial Department.

## Periscope.

### On Carbolic Acid as a Gargle in Diphtheria.

Charles Sedgwick, Esq., Hollingbourn, Maidstone, England, in a communication to the *Medical Times and Gazette*, on carbolic acid in diphtheria, says:

I usually give it in the form of a gargle, but in children, by swabbing the throat out freely with it on a piece of sponge. When the disease has been taken early, I have not failed in a single case, but have lost some where it had gone too far for medical treatment to be of any service. Carbolic acid has a decided effect upon the false membrane thrown out. The following is the form I usually prescribe:

| | | |
|---|---|---|
| ℞. | Acidi carbolici, | ℥xx. |
| | Acidi acetici, | f.℥ss. |
| | Mellis, | ℥ij. |
| | Tinct. myrrhæ, | f.℥ij. |
| | Aquæ, | q. s. M. |

Ut fiat gargarissima, f.℥vj.

The carbolic and acetic acids to be well shaken together, the mel. to be added with the aquæ gradually. With it I usually give tinct. ferri and quinine.

### Contraction of Muscular Fibre.

The second part of Professor Rouget's paper, at the French Academy, on muscular contraction, winds up with the following conclusions: 1. The muscles are constituted of fibrils twisted in elastic spirals. The separation and conjunction of the turns of the screw produce the alternate lengthening and shortening, whence the muscular movement results. The shortening takes place exactly in the same manner in muscular contraction and in the persistent rigid condition, improperly termed cadaveric. It ought to be considered as a return of the contractile element toward the condition of repose; for it attains its maximum when the muscle is removed from all exciting cause, and deprived of the influence of the nerves and of nutrition. 2. The tendency to retraction, resulting from the elasticity appertaining to the muscular element, is permanent. During life and the quiet state of the muscle, it is combatted by a tendency to lengthening, of which the energy is proportionate to the nutritive activity, and expires with it. Contraction occurs at a moment when the equilibrium between the two opposing tendencies is destroyed by the suppression of the extending cause. This latter may be momentarily suspended by the action of agents exciting muscular irritability, nervous influx, electricity, heat, shock, etc. 3. The co-efficient of elasticity varies in the living muscle in accord with the different conditions of rest, contraction, and rigidity; these variations modify the form and strength of the contractions. 4. The movement which ceases to produce extension of the muscular spring, at the moment of contraction, shows itself in the shape of elevation of the temperature. Retraction is the effect of the innate and permanent elasticity of the contracted spiral. Extension is produced by a cause of motion, developed in the act of nutrition, and correlative to heat, if it be not heat itself.—*Brit. Med. Journal.*

### Treatment of Post Partum Hemorrhage.

A correspondent of the *British Medical Journal*, recommends the application of a stimulant to the internal surface of the uterus in post partum hemorrhage. Accident led him to the use of sal volatile (aromatic spirit of ammonia) and he has employed it frequently, and with success. We quote the following case:

In June 1842, I was attending a patient of very intemperate habits and lax fibre, in her sixth confinement; she had suffered from several miscarriages. The labor was a natural one, free from difficulty; and the placenta was thrown off by the natural efforts of the uterus. This was immediately followed by a very profuse hæmorrhage, which neither external pressure, internal pinchings, nor the copious affusion of cold water, could stop or relieve. I resolved to try the application of some strong stimulant within the uterine cavity, and asked for turpentine. This was not at hand; but a bottle of sal volatile I thought might prove useful. Having prepared a mop, by means of a quill and some soft linen secured to the end, I soaked the linen in the sal volatile, and introduced it quickly into the uterus, moving it about in all directions. This occasioned considerable pain and firm contraction of the uterus, putting an immediate stop to the hæmorrhage. The case progressed favorably, without one untoward symptom. This plan I have since adopted, when needful, with the same satisfactory result.

### Quinine in the Treatment of Croup.

Dr. D. W. Williams of Liverpool, communicates the following to the *British Medical Journal* on the use of quinine in croup.

In 1862, I examined the tracheæ of three children who died of croup, and found the mucous membrane covered with a yellowish white substance like gruel (muco-puriform matter), the membrane itself being reddened. A crow-quill could have been passed down the tube without touching the substance which lined its walls. There was nothing like blocking, nothing like tubes of false membranes (lymph), yet my little patient died of slow suffocation.

While thinking of these cases, one of my own children took croup. The usual remedies were

adopted; but in a few hours the result could be but too easily foretold; she was slowly choking. The restlessness and anxiety so well known was great; and I asked myself these questions:—"Is this child dying from inflammation and blocking of the trachea, or from a blood-poison, which manifests itself in local inflammation and spasm?" Inclining to the latter opinion, I gave her a grain of quinine, a large dose for a child twelve months old. In twenty minutes, the relief was surprising; the restlessness, etc., abated. In an hour, a second grain was given, and the child fell asleep, and made an excellent recovery—the quinine being continued in smaller doses. Since this, I have treated several cases in the same way, with similar result. In bronchitis and pneumonia also I find quinine of great value when the distress is out of proportion to the amount of disease.

### Nodulated Arteritis.

MM. Kussmaul and Maîer describe a new variety of arterial disease, characterised by circumscribed thickenings of the walls of vessels, commencing with an abundant proliferation of the cells of the middle coat. This *nodulated arteritis* and the muscular paralysis which accompanies it are altogether incurable. Its phenomena are the following:—1. A general paralysis occurs without known cause, and is developed rapidly, with fever, nephritis, and violent muscular pains. 2. This is accompanied by a nodulated peri-arteritis, which, by interrupting the circulation, causes alternate contractions and dilatations of the vessels. 3. The principal diagnostic signs are the rapid development of muscular palsy with loss of contractility and intense pain, the nephritis, the arteritis, and the presence of small arterial nodosities under the skin. 4. When the disease effects the intestinal arteries extensively, it may cause the same changes in the mucous membrane as are produced by embolism. 5. The muscles undergo fatty degeneration, but as long as they have only partly lost contractility, they may recover. 6. In order to restore contractility, the application of induced, and still better, of constant, currents is desirable.—*Lancet.*

### The Diagnosis of Ovarian Disease.

M. Béhier showed, the other day, a curious tumor at a meeting of the Academy of Medicine at Paris. It was formed by an enormously dilated kidney, in a woman of sixty-four, where ovarian disease had been supposed to exist. She had been tapped twice, and a chocolate-colored fluid escaped each time. The woman died of erysipelas, which had attacked one of the punctures. On a post-mortem examination, the ovaries were found quite sound, and one of the kidneys had been transformed into the enormous sac mentioned above. Two calculi, situated at the junction of the ureter with the bladder, had given rise to this gigantic dilatation. M. Béhier concludes that we should not be in a hurry, in case of doubtful diagnosis, to perform ovariotomy.—*Lancet.*

# Reviews and Book Notices.

### NOTES ON BOOKS.

Dr. Michael Levy, who, during the Crimean war, was Surgeon-in-chief to the Army of the Orient, has recently published a "Report on the Progress of Military Hygiene." It is in connection with the Exposition, and was written by order of the French Government. A still more distinguished French medical writer, the venerable Brierre de Boismont, whose Rational History of Hallucinations has made his name familiar to the world, has brought out under the title "Esquisses de Medecine Mentale," a biography of Joseph Guislain, who some years ago lectured and wrote on mental pathology at Ghent. Dr. Louis Noirot, who we believe is a reformed homœopathist, has published in Paris the "Report of the Labors of the Committee of Public Health, Council of Coté d' Or, from 1860 to 1866."

In England Cross' "Auvergne, its Thermo-mineral Springs," (4*s.*); Wright's "Uterine Disorders," (7*s.* 6*d.*); the third part of Trousseau's "Lectures on Clinical Medicine;" Dr. Squire "On Unhealthy Skin," (1*s.* 6*d.*), and Morris' "Treaties on Shock after Surgical Operations," (3*s.* 6*d.*), are the latest novelties.

Dr. C. B. Coventry, of Utica, N. J., has published a pamphlet of 18 pages, on "Spotted or Congestive Fever." It was originally prepared to be read before the Medical Society of Oneida County. It contains little original matter. The writer suggests the name "congestive fever" as more correct than "spotted fever," or "cerebro-spinal meningitis."

Dr. A. Metz, of Massillon, Ohio, who occupies the chair of Ophthalmology in Cleveland Charity-Hospital Medical College, is preparing for the press a work on the anatomy and histology of the eye, intending to embrace in it all the many recent discoveries in regard to its minute structure.

One of the most readable pamphlets which have reached us lately, is "The Medical Men of New Jersey, in Essex District, from 1666 to 1866," by Dr. J. Hewey Clark, (Newark, N. J., published for the Author, pp. 104.) Our medical societies should never fail to elect a historian, and collect, while they can, all the memoirs of the past, which throw light on the history of our science. Dr. Clark has performed his duty admirably. He was appointed the historian of the District, and with great pains he has collected a large body of anecdotes and reminis-

cences, interesting not alone to the residents of the district, but to all who love to look at the past of our profession. Would that each of our associations were to follow the example of the Medical Society of Essex County, and would that each were equally fortunate in their choice of a historian.

The graduates of one of our leading medical schools in Philadelphia will remember the remarks of a distinguished and eccentric professor on what he termed "transcendental anatomy." Most probably, like ourselves, they brought away but a foggy notion of what this meant, but we believe that a zealous anatomist and naturalist of Boston can enlighten them. We refer to Dr. Burt G. Wilder. His essay on the "Morphological Value and Relations of the Human Hand," was read before the National Academy of Sciences a year ago, and has recently appeared in the *American Journal of Science*. It is an application of those principles of anatomical relationship which two years ago he most ably developed in a thesis "On Morphology and Teleology, especially in the Limbs of Mammalia," read before the Boston Society of Natural History, and published at the Riverside Press. These views, which deal with the structural relations and functions of the human body in their highest sense, and indicate the marvelous connection of all the parts of the one great plan, which are to anatomy as ordinarily studied, what the calculus is to the multiplication table, have yet a directly practical side, which the same writer has illustrated in a valuable contribution to the *Boston Medical and Surgical Journal* on "Pathological Polarity, or Symmetry in Disease." Dr. Wilder, who during the war was attached to one of the Massachusetts regiments, was also the discoverer of the silk spider, the *nephila plumipes*, found on the shores of South Carolina, on which he has written much of interest from an economic point of view, but it is especially to his profound and suggestive studies in comparative anatomy, almost unique in character, that we would direct the attention of the profession.

Dr. Turnbull, of this city, has in hand a new edition of his work on "Defective and Impaired Vision," which he will shortly bring out, enriched with much new and valuable matter.

Mr. E. Steiger, 17 North William St., New York, has sent us his catalogues of German books and periodicals. Those who wish to subscribe for German medical journals can do so through him. His stock of German medical works is, we regret to say, very poor, consisting chiefly of popular publications on medicine, homœopathy, and sexual diseases. Lawyers say that he who defends his own cause has a fool for a client; the epithet may be applied *a fortiori* to the patient who treats himself.

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**Diarrhœa and Cholera: their Nature, Origin, and Treatment through the Agency of the Nervous System.** By John Chapman, M. D., M. R. C. P., etc. Second Edition, enlarged. London: Trübner and Co., 1866. 1 vol. 8vo, cloth, pp. xix, 248.

Dr. Chapman and his treatment of diseases dependent on the abnormal action of the nervous system by means of heat and cold, especially by the spinal ice bag, are now before the profession on trial of their merits. That he carries his hobby at times to an absurd extent, hardly any one who reads this book can help from suspecting; that it is, when judiciously used, one of the very best means to control vomiting, diarrhœa, and hemorrhages, ever discovered, cannot be denied by any one who has given it an intelligent trial. In our own hands the spinal ice bag has produced results as gratifying as any recorded in the volume before us, and we bear it constantly in mind in the treatment of a large class of disorders indirectly originating from faulty innervation.

In the introduction the author very lucidly explains the physiological grounds on which his method depends. He then devotes about forty pages to the different kinds of diarrhœas and their appropriate treatment, while the rest of the work is taken up with a minute discussion of the symptoms, pathology, causes, and treatment of the Asiatic cholera. To those acquainted with Dr. Chapman's previous writings it will not be surprising to learn, that on many of these points he is at issue with what we take to be the prevailing sentiment of the medical world. With the experience of the summer of 1866 before him (the preface was written in October,) it is hard to understand how he can deliberately assert that cholera "is not an organic poison; that it does not travel from place to place; that it is not contagious [communicable]; and that international regulations [quarantines, etc.,] are no defence whatever against its attacks." The facts in the book are better than the theories. The former indicate a close, painstaking eye-witness; the latter, an enthusiast. The author's treatment of cholera has in point of fact been no more successful than any other treatment, which is equivalant to saying it had no effect at all upon the disease. Starting with the assumption that

cholera depends on faulty innervation, the ice ought to control it; but as observation goes more and more to show that it arises from an organic poison, the reason of its failure is evident. Restricted to its appropriate sphere the ice bag is an invaluable aid in practice, and to those who would make themselves familiar with it, we commend Dr. Chapman's volume.

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**Chemistry. By William T. Brande, D. C. L., etc., and Alfred S. Taylor, M. D., etc. *Experimentis et Præceptis.* Second American Edition thoroughly Revised. Philadelphia: Henry C. Lea, 1867. 1 vol., 8vo., cloth, pp. 764.**

This very complete work on chemistry, which in its first edition was received with such marked favor by the public, comes to us thoroughly revised and brought up to the latest positions of the science. This labor has devolved upon Dr. Taylor, as his associate Mr. Brande, a scientific veteran, who for more than forty years had been a lecturer in London, died in February of last year.

The ordinary notation is adopted, which is most judicious, as any other nomenclature is more difficult to the beginner, and no more clear when mastered. While numerous additions have been made, they are chiefly of a practical character, and always so condensed that the size of the volume still remains limited enough to have the character of a manual. The absence of illustrations of apparatus is perhaps to be regretted, but they could not have been admitted without largely increasing the bulk and the price. All the important late discoveries are noticed, and the care with which references are given enables the reader to have recourse directly to the original articles when he would further investigate the subjects.

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**Injuries of the Eye, Orbit, and Eyelids: their immediate and Remote Effects. By George Lawson, F. R. C. S. Eng., Asst. Surg. to the Royal London Ophthalmic Hospital, etc. With Numerous Illustrations. Philadelphia: Henry C. Lea. 1 vol., 8vo., cloth, pp. 408.**

This is an eminently practical book, worth buying and reading by every physician. It treats ophthalmic injuries in the most thorough manner, detailing both their primary treatment and their remote effects in a plain practical way, most satisfactory to the reader. The illustrations are good, and are ninety-two in number, greatly assisting the diagnosis of the various deformities mentioned. Numerous cases are recorded, eighty-nine in all, chiefly from the books of the Royal London Ophthalmic Hospital at Moorfield. Nearly twenty thousand patients applied for treatment at this institution last year, which gives an idea of the immense field for practice it affords. The subjects treated of are superficial and penetrating injuries of the eye, traumatic cataract, opacities, foreign bodies within the eye, traumatic intraocular hemorrhage, gunshot injuries, sympathetic ophthalmia, etc. At the end of the book a slightly modified set of Jaeger's test types has been added, and a copious index annexed, which materially enhance the utility of the volume. In treating this delicate and important member, the study of its *injuries* is essential to every physician. Its *diseases* he can refer to the specialist, but to its *wounds* he must be prepared to give at once prompt and enlightened attention.

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**Transactions of the Indiana State Medical Society, at its Seventeenth Annual Session, held at Indianapolis, May 21st and 22d, 1867. Published for the Society. Indianapolis, 1867. 1 vol., 8vo., paper, pp. 132.**

This volume contains some very valuable papers. The President's (Dr. V. Kersey) Address on "Physic and Physicians," is a thoroughly sound and sensible production; and we especially invite attention to his remarks on the mania for starting medical journals, to dwindle a few years through a starved existence, not supported, and unworthy of support. Fewer of them, and of better quality, is what we want.

In an article on the Bile, by Dr. J. F. Hibberd, he sets out to show that the source of this element is the arterial blood, that we know nothing certain of its function than that it does *not* color the fæces, and that the cholagogue power of the mercurials is a fiction. The excellent article by Dr. Weist on Foreign Bodies in the Air Passages, the Reporter has already noticed. An accurate Report on Cholera follows, by Dr. Geo. Sutton, whose conclusions have been given in a previous volume of this journal. Dr. N. S. Haymond, in an article on the collapsed state of the same disease, partakes of the belief that it is connected with an irritation of the great sympathetic. Dr. John Moffett treats of cerebro-spinal meningitis, chiefly from published sources. Dr. D. Clark, apropos of "Female Doctors," gives some sagacious and well-tempered advice, to the effect that they shall be granted "fair opportunities and equal privileges." Dr. R. E. Houghton collects a number of statistics on tracheotomy, showing a mortality of rather over three-fourths, (we notice that he persistently spells Trousseau *Trosseau*); and finally, Dr. H. P. Ayres ends the volume with a judicious article on several epidemics of dysentery in Allen county.

Medical and Surgical Reporter.

PHILADELPHIA, SEPTEMBER 14, 1867.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

## OUR FIELD-HOSPITAL ORGANIZATION.

The adage is musty, that it is better not to know at all than to know wrongly. It was never more clearly exemplified than during our late war. Neither side knew anything of the management of large armies, yet, in a few years, both had effected a discipline superior to any seen in Europe, where the subject is constantly studied, but in the light of old traditions.

In no department is this more conspicuous than in the medical. In several instances, over twenty thousand wounded were taken charge of by the medical corps of the Northern and the Southern armies, and as an eye-witness, we can vouch that it was done in ten times a more effective manner than the Prussian wounded after Königgrätz, 20,000 in number, as described by Dr. Julius Naundorff, in his late work, "Under the Red Cross," (Unter dem Rothen Kreuz, Fremnde und eigene Erfahrungen auf böhmischer Erde und der Schlachtfeldern der Neuzeit.)

He states that most of the wounded were left from one to three days on the field, without water, and exposed to the attacks of prowling peasants. Over one thousand perished from this neglect who were not mortally wounded. Hundreds were left in barns and churches with but one medical officer, and he often without bandages, drugs, or instruments. The suffering was incalculable and the disorder complete. Dr. Naundorff recommends earnestly our own system of an ambulance corps under the direction of medical officers. This is a compliment well merited both by the Northern and Southern armies. In some respects, the medical organization of the latter, which throughout was analogous to our old regular army, was superior. All medical officers belonged to the general staff of the Provisional Army of the Confederate States, and could be assigned to staff or regimental, field or general hospital duties. In the Northern armies there were four different classes of medical men, which caused not a little jarring at times. There were the surgeons and assistant surgeons, U.S.A., the surgeons and assistant surgeons, U. S. Vols., the regimental surgeons and assistant surgeons, and the contract physicians and contract staff surgeons, who were not officers, and had no control over enlisted men, (who soon became very well aware of it.)



## MEDICAL AGENTS OF RAILWAY COMPANIES.

The *British Medical Journal* very properly condemns those members of the medical profession who act as agents of railway companies in fixing the amount of damages in cases where persons are injured on railways. Its strictures might very properly have been extended so as to embrace the action of these professional agents in the settlement of the claims of surgeons against railway companies for services rendered. We have known cases where the retained medical agents of wealthy and reckless railway corporations have done very great injustice to their medical brethren by their officiousness in these matters.

The remarks of the Journal are based upon an action which was tried in Bristol, (Eng.), before Mr. Justice Keating.

"The plaintiff, a Mrs. Hand, brought an action against the Midland Railway Company. The accident occurred in 1864; and subsequently she received a visit from Mr. Day, the surgeon to the Company, who represented to her—no doubt in good faith—that she would soon perfectly recover, and induced her to accept the sum of £211 as compensation on the part of the Company. In 1866 she married, and afterward became much worse. An action was brought during the present year to recover sufficient compensation; and a verdict was returned for £300 damages, in addition to the sum already paid. We regret to see that Mr. Day, through his conduct, laid himself open to some very harsh, and we must think unjustifiable imputations, on the part of the counsel for the plaintiff. Still, if medical men will deliberately place themselves in such a position, they can only expect that the license of counsel will be allowed to run unbridled on them. Mr. Justice Keating spoke a wholesome truth when he said, in summing up the case, 'that, as a general rule, it was most objectionable that medical men should be engaged in making compromises. If such a compromise were to be made, it was better it should be in the hands of the professional legal advisers than in those of medical men.' We can only repeat what we have already said again and again, that a medical man goes altogether beyond his duty when he undertakes to act as assessor of damages on the part of a public company, of which he may be the professional adviser."

## PRIZE ESSAY.

The Indiana State Medical Society offers a prize of $100 to the physician, resident within the State, "who shall present the best, and an acceptable Essay on 'The Causes, Nature, and Treatment of Cerebro-spinal Meningitis.'" Competitors are to send their essays, accompanied by a sealed letter containing the author's name, to to Dr. J. S. Bobbs, Indianapolis, Ind.

# Notes and Comments.

### The International Medical Congress.

This body, which met at Paris on the 16th ult., seems to have been more numerously attended than we were led to suppose by the first accounts in the British journals. There seems to have been some disposition on the part of the profession of Great Britain to snub the Congress. The British Medical Association did, finally, appoint *one* delegate—Mr. Ernest Hart, editor of its organ, the *British Medical Journal*—to represent it.

Although it is announced that the medical societies and colleges of the United States of America sent by far the greater number of representatives, we are surprised that our country does not seem to be represented in the roll of officers.

We will postpone a detailed account of the proceedings until we receive the official record.

### Sectional Meetings in our Medical Organizations.

At the recent meeting of the British Medical Association in Dublin, the plan was introduced for the first time, of dividing the Association into sections. This plan has for several years been in successful operation in the American Medical Association. At the meeting in Dublin the value of the plan was obvious, though, we judge from a communication from Dr. A. B. Steele, of Liverpool, to the *British Medical Journal*, it is, as yet, far from perfect in its details. When the plan of these sectional meetings is perfected, they cannot fail to facilitate in the highest degree the labors of our medical organizations, and to add to the value and interest of the proceedings. This method of doing business might profitably be extended to our State organizations.

### Medical Education in Great Britain.

The Medical Council of Great Britain has recently recommended that no one, henceforward, shall enter the medical profession in either branch, without a competent knowledge of surgery. When the converse of the proposition—that no one shall enter the medical profession in either branch, without a competent knowledge of *medicine*—then the plan of medical instruction will be the same as that in our country. The importance of an acquaintance with the principles of all branches of medical science to both physicians and surgeons, is self-evident, and we are glad to see the spirit of advance indicated by the recommendation of the Medical Council mentioned above.

The Medical Society of West Virginia will hold its first semi-annual session in the Hall of the House of Delegates, in Wheeling, at 10 o'clock, A. M., Wednesday, October 2d, 1867.

Erratum.—In Dr. Sayre's article on Sprains of the Ankle, in the Reporter of Aug. 3d, page 89, at the close of the second paragraph, first column, add the following: "And, generally speaking, the slighter the injury, the greater the danger, from the fact that it is so slight that *no attention* is given to it, whereas, the serious accident is compelled to be attended to, on account of its gravity."

# Correspondence.

## DOMESTIC.

### Compensative Therapeutics in a Case of Skin Disease.

Editors Medical and Surgical Reporter:

At the risk of wearying you with a subject which has already been brought several times to the attention of your readers, I venture to send you the following record of a case, somewhat interesting with regard to the "Compensative therapeutics" therein presented:

On the 20th of August, a patient presented himself to me, affected with well-marked trichophytic disease, occupying the face, hands, and thighs. Thinking this a good opportunity to test the value of several of the different applications recommended in this affection, I distributed them as follows:

For the face, ung. hydrargyri.

For the thighs, tincture of iodine.

For the hands, I prescribed the following formula, which I have seen used with much success, by M. Hardy, at the Hôpital St. Louis (hospital for skin diseases), in Paris, and whose efficacy I have myself had occasion frequently to test, in cases of sycosis, as well as of scabies:

| | | | |
|---|---|---|---|
| ℞. | Sulph. sub., | gr. xv. | |
| | Potassæ carb., | gr. x. | |
| | Adipis, | ℥ss. | M. |

Each of these preparations to be applied at night, before going to bed. No general treatment. This treatment was faithfully followed up, the patient very cheerfully consenting to be made the subject of an experiment, and I saw him again on the 30th of the same month. The cheek was still somewhat affected; the hands had entirely healed, and the legs presented but little trace of the parasitic growth—the action of the iodine having been somewhat slower than that of the sulphuro-alkaline ointment. For scabies the

proportions of sulphur and of potassa in the above formula should be doubled. The results I have obtained from it are not, I think, better than those due to the use of the sulphite and bisulphite of soda; and no doubt phenic acid, the preparations of benzole, iodide of sulphur, and perhaps petroleum, would all be equally efficacious; while the inflammatory action supervening in some cases,—especially of sycosis,—necessitates the use, in the first place, of emollients. But the point upon which I wish to lay particular stress is this: that no general, constitutional treatment is necessary in any of these cases. They all yield to local, parasiticide means, such as those indicated above: and generally, one or two applications, well made—and especially if aided by depilation—will suffice to effect a cure.

Wm. B. Drinkard, M. D., M. R. C. S.

*Washington, D. C., Sept.* 6, 1867.

### Tobacco as a Prophylactic in Intermittent Fever.

Editors Medical and Surgical Reporter:

Many of those who reside in districts where intermittent fever prevails, believe that the use of tobacco will effectually protect the system from the effects of malarial poison; they act upon this belief, and the number who attribute their escape from that disease to this cause, precludes the possibility of them all being mere coincidences. I have been assured by a general officer whose well known ability and ample opportunity for observation entitles his opinion to great weight, that he had every confidence in the virtue of tobacco as a prophylactic in intermittent fever.

The writer can do no more than to ask the opinion of the profession upon the subject, and especially request that those who have had the opportunity of testing the claims of tobacco to be recognized as a prophylactic in the above mentioned disease, will be kind enough to give the results of their experience. Who can estimate the beneficence of discoveries which will enable us to spread before our fellow-men the best methods of fortifying themselves against the diseases to which they may be exposed? Whole volumes of truth are condensed in that trite old saying "an ounce of prevention is worth a pound of cure;" and that man whose patient search and careful experiment is rewarded by the finding of any protective mode of life, or any article of the pharmacopoeia which has a right to be therapeutically prophylactic, may well exclaim "exegi monumentum æire perennius."

W. S. King,
Bvt.-Col.-Surgeon, U. S. A.

*Detroit, Mich., Sept.* 1867.

# News and Miscellany.

### Raid on the Uterus.

A distinguished surgeon in New York City, twenty-five years ago said, when Dupuytren's operation for relaxation of the *sphincter ani* was in vogue, every young man who came from Paris found every other individual's anus too large, and proceeded to pucker it up. The result was that New York anuses looked like gimlet-holes in a piece of pork. It seems to me that just such a raid is being made upon the uterus at this time. It is a harmless, unoffensive little organ, stowed away in a quiet place. Simply a muscular organ, having no function to perform save at certain periods of life, but furnishing a capital field for surgical operations, and is now-a-days subject to all sorts of barbarity from surgeons anxious for notoriety. Had Dame Nature foreseen this, she would have made it iron-clad. What with burning and cauterizing, cutting and slashing, and gouging, and spitting and skewering, and pessarying, the old-fashioned womb will cease to exist, except in history. The *Transactions* of the National Medical Association for 1864 has figured one hundred and twenty-three different kinds of pessaries, embracing every variety, from a simple plug to a patent threshing machine, which can only be worn with the largest hoops. They look like the drawings of turbine water-wheels, or a leaf from a work on entomology. Pessaries, I suppose, are sometimes useful, but there are more than there is any necessity for. I do think that this filling the vaginia with traps, making a Chinese toy-shop of it, is outrageous. Hippocrates said that he would never recommend a pessary to procure abortion—nay, he swore he never would. Were he alive now he would never recommend one at all. If there were fewer abortions there would be fewer pessaries, and if there were fewer pessaries there would be fewer abortions. Our grandmothers never knew they had wombs, only as they were reminded of it by the struggles of a healthy fœtus; which, by the by, they always held on to. Now-a-days, even our young women must have their wombs shored up, and if a baby accidentally gets in by the side of the machinery, and finds a lodgment in the uterus, it may, perchance, have a knitting-needle stuck in its eyes before it has any. It is the easiest thing in the world to introduce a speculum, and pretend to discover ulceration of the os, and subject a patient to this revolting manipulation once or twice a week, when there is, in fact, nothing the matter. By some practitioners, all diseases which occur in the female are attributed to the uterus. In this class are especially to be included all such as make of the abnormal conditions of the uterus a specialty.—*From Address of Dr. W. D. Buck, President of New Hampshire State Medical Society for* 1866.

—— As an indication of the mortality from yellow fever and cholera in the West and South, is the fact that within the month nine regular surgeons have died. This is nearly equal to the average yearly mortality of the army lists.

### Mr. Hoff and the New York Academy of Medicine.

At a late meeting of the Academy of Medicine the following resolutions were unanimously adopted:

*Whereas*, W. L Hoff, proprietor or agent of the "*Hoff Malt Extract*," is issuing publications through the secular papers, and by means of pamphlets and circulars professing to quote favorable opinions expressed in a report of a committee of the Academy;

And, *whereas*, the said Hoff is widely circulating a letter purporting to have been written by a Fellow of the Academy;

And, *whereas*, the publications of said Hoff are so adroitly and designedly worded as to impress the mind of the reader with the belief that the Academy has endorsed his nostrum, and has thus apparently compromised its dignity and professional standing; therefore,

*Resolved*, That the New York Academy of Medicine does hereby proclaim and declare that it has not expressed any opinion in regard to "Hoff's Malt Extract," and that any and every use of its name in recommending said Extract is unauthorized by the Academy.

*Resolved*, That a copy of the above preamble and resolutions be sent to the medical journals of this city, and that the medical journals throughout the country be requested to copy the same, in justice to the Academy and the profession.

### Deodorants.

For many purposes dry clay is not only the cheapest but the best deodorant. I tried nearly everything in a privy, and only succeeded by using occasionally small quantities of dry clay loam. I took equal quantities of old putrid urine, and mixed severally with clay, sulphate lime, animal charcoal, and wood charcoal. After a few hours the clay mixture alone was fully devoid of odor. It *destroys* or *absorbs* the foul odors, instead of partially overcoming them by substituting chlorine or coal tar in their place.

The presence of clay has a great influence upon the health of communities. I have known many cases of typhoid fever and dysentery in this vicinity within a few years, nearly every one of which has been on a sandy or alluvial soil. Where the water used has filtered through a clay soil, there has hardly been a case of these diseases.

There is another advantage in the country in using clay for privies. The removal of the contents is no longer a disgusting operation, while the farmer or gardener has a valuable supply of fertilizing material for his grounds.

I believe that clay would be an excellent application to foul ulcers and other discharging sores. —H. A. Sheldon, *Middlebury, Vt.*

—— It is stated that Dr. Carter, a well-known surgeon of Indianapolis, pricked his thumb during the post-mortem examination of an hydrophobia subject, recently, and "put himself under the influence of whisky" for one day, coming out rather headachy, but otherwise all right. The effects were very much like a big drunk.

*[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]*

## MARRIED.

Baldwin—Saunders.—At Mendham, N. J., on the 3d inst., by Rev. Dr. Saunders, of Philadelphia, S. C. Baldwin, M. D., and Mary P., daughter of Henry C. Saunders, Esq.

Boyd—Crookshanks.—Aug. 22d, 1867, by the Rev. Jas. Blair, James B. Boyd of Knox county, Tennessee, and Miss Jennie daughter of Dr. G. M. Crookshanks, late of Dandridge, Tennessee.

Fowler—Smith.—Sept. 4 at Trinity Chapel, by the Rev. Dr. Stephen H. Tyng, Edward P. Fowler, M. D., and Augusta, youngest daughter of the late N. H. Smith, Esq., all of New York city.

Leale—Copeutt.—On Tuesday, Sept. 3, at the residence of the bride's father, Yonkers, N. Y., by the Rev. Dr. Carter, Dr. Charles A. Leale, of New York, and Rebecca M., second daughter of Mr. John Copeutt.

Leech—Wolford.—Aug. 25, by Rev. J. Braden, at his residence at Fairmount, Dr. W. C. Leech, of Cincinnati, and Miss Minnie Wolford, of Marion, Ohio.

## DIED.

Archer.—In Brooklyn, on Sunday, Sept. 8, Willie Boole Leslie Archer, only son of Dr. H. A. and Harriet A. Archer, aged 5 years and 7 months.

Burton.—In Topsham, Vt., recently, Dr. Levi Burton.

Smith.—At Galveston, Texas, on Aug. 17th, Harry Clay Smith, of yellow fever, son of Dr. Robert K. Smith, of this city.

Smith.—At Galveston, Texas, of yellow fever, Aug. 22, Sallie B. Smith, wife of Dr. Robert K. Smith, of this city.

## ANSWERS TO CORRESPONDENTS.

*Dr. L. T., U. S. N.*—Jones' Ophthalmic Medicine and Surgery cost, $ .25.

*Dr. P. R. W., Pa.*—To form a Medical Society the physicians of a town or county should assemble and go through the usual parliamentary forms of framing a Constitution and electing officers. The Corresponding Secretary, as soon as appointed, should notify the permanent Secretary of the State Medical Society (Dr. Wm. B. Atkinson, No. 215 Spruce St., Phila.), of their action sending a list of the members and officers, and their addresses. They will then be entitled to send delegates to the State Medical Society and the American Medical Association, to the number specified in the Reporter of Aug. 10, p. 1 4.

*Dr. J. K. M., of Pa.*—Your Reporter is regularly forwarded. We do not know why you do not receive it.

*Dr. W. H B, of Pa.*—Ear trumpets vary in price from $2.00 to $7.00.

*Dr. H. W. B., of Tenn.*—"Why are not twins born as the general rule, and one as the exception? There is I suppose an ovule cast out from each ovary at each menstrual period." We believe the latest observation throws doubt upon this supposition. Ovules are matured when no menstrual show appears, and it is probably rarely that a synchronous maturation of ovules takes place.

*Dr. J. B. R. P., of Md.*—In the formula of Parrish "Curacao bark (bitter orange) ℥i." we understand the peel of the Seville orange to be meant. At any rate this is what is used to flavor the *liqueur* of that name. Clinical thermometers cost $3 50.

*Dr. F. A. W., Ills.*—Globular pessary sent on the 6th.

## METEOROLOGY.

| August, | 26, | 27, | 28, | 29, | 30, | 31. | 1, |
|---|---|---|---|---|---|---|---|
| Wind | N. W. | N. E. | S. W. | S. W. | N. W. | S. | N. |
| Weather | Clear. | Cl'dy. Sh'r. | Clear. H'vy Fog Sh'r. | Cl'dy. Rain. | Clear. | Clear. | Clear. |
| Depth Rain | | | | 1-10 | | | |
| *Thermometer.* | | | | | | | |
| Minimum | 60° | 61° | 56° | 68° | 58° | 50° | 52° |
| At 8, A. M. | 68 | 69 | 70 | 69 | 65 | 62 | 69 |
| At 12, M. | 77 | 80 | 80 | 74 | 70 | 70 | 72 |
| At 3, P. M. | 78 | 81 | 80 | 69 | 70 | 69 | 74 |
| Mean | 70.75 | 72.75 | 72.25 | 70. | 65.75 | 62.75 | 66.75 |
| *Barometer.* | | | | | | | |
| At 12, M. | 30.3 | 30.2 | 30. | 29.9 | 30.2 | 30.3 | 29.9 |

*Germantown, Pa.* B. J. Leedom.

SEPT. 18, 1867.

PHILADELPHIA

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OF

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The Philadelphia Summer School of Medicine will begin its fourth term on March 1st, 1868, and students may enjoy its privileges without cessation until October.

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GEO. MENDENHALL, M.D., *Dean.*
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| | |
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| Fees for the Lectures (each Professor $20), | $140 |
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ROBERT REYBURN, M. D.,
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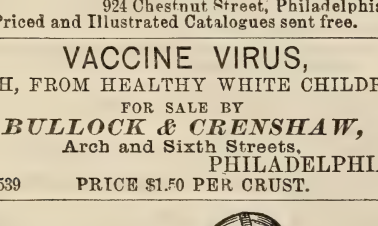


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J. ADAMS ALLEN, M.D., LL.D., Prof. Principles and Practice of Medicine and Clinical Medicine.
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EDWIN POWELL, M.D., Lecturer on Clinical Surgery at County Hospital.
JOSEPH P. ROSS, M.D., Lecturer on Clinical Medicine at County Hospital.
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The Twenty fifth Annual Session will commence on Wednesday, the second of October, in the new College Building, corner of Dearborn and Indiana streets, and continue eighteen weeks. For the Annual Announcement or any information with reference to the College, address DELASKIE MILLER, M.D., Drawer 5787, Chicago, Ill.

FEES.—Professors' Tickets, $50; Matriculation, $5; Dissecting, $5; Hospitals, $5; Graduation, $25.
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Professor of Clinical Surgery.
L. FIRESTONE, M.D.,
Professor of the Principles of Surgery.
W. J. SCOTT, M.D.,
Professor of the Principles and Practice of Medicine.
R. N. BARR M.D.,
Professor of Anatomy.
A. METZ, M.D.,
Professor of Ophthalmology.
J. STRONG, JR., M.D.,
Prof. of Materia Medica and Therapeutics.
HENRY J. HERRICK, M.D.,
Prof. Obstetrics and Dis. of Women and Children.
W. H. JONES, M.D.,
Adjunct Professor of Anatomy.
CONWAY W. NOBLE, ESQ.,
Professor of Legal Medicine.
JACOB STAMP, M.D.,
Demonstrator of Anatomy.
DANIEL B. SMITH, M.D.,
Prosector to the Chair of Clinical Surgery.
GUSTAV C. E. WEBER, M.D., Dean.
W. J. SCOTT, M.D., Treasurer and Registrar.

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THE

# MEDICAL AND SURGICAL REPORTER.

No. 551.] PHILADELPHIA, SEPT. 21, 1867. [Vol. XVII.—No. 12.

## Original Department.

## Communications.

### CASES OF CARCINOMA OF THE UTERUS.

By James B. Burnet, M. D.,
House-Physician, Bellevue Hospital, N. Y.

Catharine Foley, aged 36 years, married, and a native of Ireland, was admitted to Ward 31 of Bellevue Hospital, on January 28th, 1867. Of herself, she gave the following history: Mother died of liver-disease; father of some kidney trouble. Her two sisters and two brothers are perfectly healthy. There is no known hereditary predisposition to disease in the family. At fifteen years of age, her first menses made their appearance. She always has been regular up to two months ago, but the flow was always scanty. For eight or nine years, she has been troubled with a profuse leucorrhœal discharge. Up to five years ago she enjoyed comparatively good health, but at that time a severe pain appeared in her right side, low down in her back, and in her right hip, which pain has continued ever since. Sometimes this is a dull aching pain, and then it will be of a sharp, cutting character. About two years ago, her menses came on every three weeks, greatly increased in quantity, and bringing with them much pain. About one year ago, a watery discharge with a slight tinge of blood commenced from the vagina, which has persisted up to the present time. This discharge is present every day. For two years her appetite has been very poor, and her strength has been gradually decreasing. She formerly was very ruddy and fleshy, but she has been losing flesh for over a year. She has had four children, three of whom died of some intestinal trouble; the remaining one is a healthy girl of sixteen.

On December 25th, 1866, she had a heavy flooding, and for a week was obliged to keep her bed. The discharge at that time was very offensive. In February, she had another flooding, but it was not very excessive. When we first saw her in June, the diagnosis of *carcinoma uteri* having been made out, the following was her condition: She presented a well-marked cancerous cachexia. There was a peculiarly offensive odor about her person. Her pulse was weak. Lungs healthy. Heart-sounds normal, but exceedingly feeble. Has great palpitation of her heart. Liver normal in size. Bowels constipated. Experiences much nausea, and vomits every two or three days. Upon attempting to make a vaginal examination, a profuse thin bloody discharge issued from the vagina, of a most horrible odor, from which odor alone in several cases we have been enabled to make the diagnosis of carcinoma, which has afterwards been confirmed by the touch, and the state of things revealed by the speculum. It is an odor peculiar to carcinoma. The uterus was immovable, and the upper part of the vagina also was involved in the ulcerating cancerous mass, the cervix being also entirely destroyed, and the disease progressing upward with considerable rapidity.

June 10th. To-day, during the process of defecation, she had a most terrible hemorrhage, which nearly cost her her life, before aid could be obtained. Her vagina was thoroughly tamponed, the balls of lint used being saturated with equal parts of strong vinegar and ice-cold water. She also took gallic acid in large doses, and afterwards a full dose of morphia. Ordered for her also whisky and ammoniæ carb.

June 20th. Feels somewhat better to-day, but is very weak. No appetite. Is troubled with vomiting. Ordered bismuthi subnitrat., and thus she remains, gradually growing weaker and weaker.

*Case* 2. Rosanna Hoff, 43 years of age, married, and a native of New Jersey, was admitted to Ward 31 of Bellevue Hospital, on March 2d, 1867. From her was gleaned the following history: Mother is living, nearly 80 years of age, and is still in the enjoyment of the best of health. Her father rejoiced in perfect health all his life, and met his death in a coal mine. She has one sister, aged 39, who has had eight children, and is vigorous and strong. Another sister, aged 22, who had been married for two years, but never pregnant, died of some womb complaint, from

which she had been suffering for eighteen months. With this she was a great sufferer, but the exact nature of the disease was never ascertained. She has four brothers, all of whom are well. There is no known hereditary predisposition to disease in the family. She first noticed her menses at 19 years of age, but they were very irregular. She was married at 22, had two living children and four miscarriages. Up to six months ago she was perfectly healthy, but at this time, when unwell, clotted blood and a thin, bloody, offensive discharge began to come from her, and lasted for three months, when she came into the hospital. She had no pain whatever at this period. Her appetite, however, became poor; her strength diminished; and she began to grow pale. Ever since she came into the hospital she has had this same discharge more or less constantly. Just before the hemorrhages come on, she has a quite profuse watery discharge from the vagina; and when the flooding commences, she gets into a fever, and has a most dreadful sensation in her head, but this passes off with the flooding. During the flooding, her legs, up as far as the knees, become cold, numb, and feel as if dead. Her left arm acts in a similar manner, and becomes perfectly useless, and has to be lifted up by the other arm. It has no sensation in it. She is pale, weak; pulse feeble, tongue clean. She has a distressed, weak, aching sensation across the small of her back. She is naturally of a very nervous temperament. Lungs healthy; murmur at base of heart; probably anæmic. Liver normal in size. Bowels regular. She has the same peculiar odor and the same cancerous cachexia, although in a modified degree, as the other patient. The same offensive and characteristic discharge takes place from the vagina during a digital and speculum examination. The uterus is still slightly moveable in the pelvic cavity, and the disease seems confined to the cervix, and is not nearly so far advanced as in the other case. In this latter case, various of the most powerful caustics are applied to the ulcerating disease, and both are taking tonics and having the best of diet.

*Remarks.* Of the varieties of cancer attacking the uterus, the medullary is by far the most frequent. The cervical is the portion where it most frequently commences its ravages. The younger the patient, the greater is its rapidity. The characteristic cancerous discharge is sometimes preceded for several months by a limpid unoffensive serum, as was the case with one of our patients. Gradually, this discharge becomes tinged with blood, and of that peculiarly offensive odor, by which odor alone the diagnosis can often be made. That the disease is hereditary, there can be no doubt. As to the *prognosis*, there is no disease that has a fatal termination more uniformly than carcinoma uteri. The *treatment*, for the most part, is merely palliative.

If the disease is in its incipiency (in which stage it is but rarely diagnosed), and confined to the cervix uteri, the neck may be amputated. The whole uterus has been extirpated for this disease, but this is not now considered a justifiable operation. Some recommend the actual cautery, which we have seen applied with but temporary benefit. In one case, we particularly remember, it was followed by a most frightful hemorrhage, which was restrained with the utmost difficulty.

For the alleviation of the *pain*, the various anodyne remedies may be used by the stomach, rectum, or hypodermically. Prof. Simpson recommends injections of the vapor of chloroform into the vagina. For the *hemorrhages*, which are sometimes fearful, if the application of ice to the bleeding part, or of powdered tannin, as recommended by Simpson, or injections of some styptic liquid, fail to arrest the hemorrhage, the vagina must be thoroughly tamponed, the balls of lint used being saturated with a solution of perchloride of iron, sulphate of zinc, or equal parts of vinegar and ice cold water. Scanzoni says that in a desperate case, we might have recourse to the actual cautery. For the *offensive odor* emanating from the discharges, injections of chloride of zinc and soda may be used, in the proportion of one grain to the ounce of water. *Chlorine* may be disengaged in the room, if necessary, by pouring strong vinegar or diluted sulphuric acid upon the chloride of lime.

Inflammatory induration of the cervix has often been mistaken for incipient cancer. Cases evidently of this nature have been presented as cases of carcinoma, and reported as cured, by such eminent uterine pathologists as Sir Charles Clarke, Dr. Ashwell, and Dr. Montgomery. These cases have been analyzed by Dr. Bennet, in his treatise on "Inflammation of the Uterus," and clearly proven to have been merely "modifications of inflammatory action in the neck and mouth of the uterus, totally distinct from cancerous growths, and having little, if any tendency to malignant degeneration." As this is a point of much importance, we cannot do better than to give in full the differential diagnosis between carcinoma and the various conditions of chronic inflammation of the neck, as found in Becquerel's "Traité Clinique des Maladies de Uterus."

| *Cancer in the Scirrhous Condition.* | *Inflammation with Ulceration.* |
|---|---|
| Cervix hard, unequal; nodulated, os not always open, sometimes wrinkled or furrowed. | Neck less hard, developed regularly in one of the lips, os always open. |
| Scirrhus of the neck often implicates the vagina. | The induration of the neck never extends to the vagina. Mobility of uterus complete. |
| Hereditary influence is often traceable. | No hereditary influence. |
| Touch is painless. | Touch painful. |
| Discharge sometimes absent; in certain cases very abundant, and consisting, for the most part, of albuminous serum. | Discharge constant and characterized by the presence of transparent mucus, muco-pus, or purulent mucus. |
| Menstruation increased, being neither more nor less painful, and passing often into the state of real hemorrhage. | Menstruation more painful, often retarded, almost always scanty. |
| Absence of special anæmia when the vagina and body of the uterus are involved, cancerous cachexia. | Special anæmia as above described. |
| Progress continuous and without cessation. | Often stationary for a long time. |
| The pain in cancer is very sharp, intense, and lancinating, and not influenced by locomotion or movements of any kind. | Pains less severe, more dull and perceptibly influenced by walking and other sorts of motion. |
| *Ulcerated State.* | *Chronic Inflammation and Softening.* |
| Developed at the critical period of life generally. | Occurs earlier in life almost always. |
| Preceded and accompanied by hemorrhages. | Not preceded by hemorrhage. |
| Severe, sharp, lancinating pain. | Pain dull and profound. |
| Development essentially in sharp irregularities and nodosities. | Enlargement regular and rounded, or regularly lobulated. |
| Adhesions to other organs soon as ulceration is formed; immobility of the uterus. | Complete absence of adhesions to other organs. Entire mobility of the neck and body of the uterus. |
| The surface only slightly soft, subjacent tissue scirrhous. | Tissue of the cervix not hard, and easily destroyed. |
| Ulceration deep, unequal, essentially irregular, with thick, elevated, and hard edges. | When ulcerations exist, less deep, with tumefied edges. |
| Always granulations. | Granulation often accompanies the other lesions. |
| Discharges extremely abundant, consisting of purulent and often sanguineous serum; nauseous and often fœtid odor. | Discharges less abundant, consisting of muco-pus alone, or accompanied with a little blood, without odor. |
| Great hemorrhage from time to time, not necessarily at menstrual period. | Always hemorrhage, but often a mere prolongation of the menstrual discharge. |
| *Cancerous Ulceration.* | *Simple Ulceration.* |
| Developed upon an hypertrophied and scirrhous surface. | Ulceration often on a healthy tissue, or presenting the soft or hard varieties of inflammatory injection. |
| Ulceration deep, vast, unequal, grayish surface, with thick edges, and easily bleeding. | Ulceration more superficial, the edges less developed, and more regular at the bottom, not always easily made to bleed. |
| Ulcerated surface hard, presenting numerous lobes and tubercles, with nodosities and great hardness. | Nothing of the sort in chronic inflammation and ulceration. |
| Often great loss of substance. | Ulceration is not always accompanied with loss of substance. |
| Cervix and corpus uteri immovable, on account of adhesions. | Neck and body always moveable. |
| Discharges sanious, fœtid, sanguinolent, and of an insupportable and characteristic odor. | Discharge of muco-pus or purulent mucus; always less abundant. |
| Cancerous cachexia always present. | Special anæmia. |

## MEDICAL FRAGMENTS.

### Incision of Uterine Neck in "Missed Labor."

By Prof. A. P. Dutcher, M. D.,

Of Cleveland, Ohio.

The question of the propriety of this operation, under the circumstances described by Dr. T. B. Camden, in his article published in the Reporter of August 27th, 1867, does not, in my judgment, admit of a single doubt. How any enlightened physician could stand by the bedside of a patient day after day, and see her die from an undelivered, decomposing fœtus, simply in consequence of an undilatable condition of the neck of the uterus, I am at a loss to understand. If the Cæsarean section is ever demanded and justifiable in a deformed and contracted pelvis, where it is impossible for the child's head to pass, equally so is the incision of the uterine neck when every other measure has failed to dilate. No accoucheur should suffer a woman to die undelivered, when this is the only obstacle in the way; for it is a fact well established, that nature sometimes accomplishes this work in a far more irregular way, by tearing the neck in such a manner as to facilitate the delivery of the fœtus.

Every accoucheur's mind should be so thoroughly made up on this subject, and the course to be pursued, that when he meets a case of this kind there shall be no doubt or hesitation as to what his duty is. I am sometimes astonished at the blindness and stupidity of men who have been engaged for years in obstetrical practice, when they have been called upon to encounter cases of this kind. They bleed, use the warm bath, give antimony, ergot, and opium, paint the cervix uteri with belladonna, and administer chloroform occasionally, and allow the poor patient to suffer untold agonies for days, fearfully jeopardizing her life, while two or three small incisions in the uterine neck, and the timely application of the forceps would save a world of suffering.

Not very long since, I was called to meet two medical gentlemen who had years of experience in obstetrical practice, in the following interesting case:

Mrs. F., æt. 37, of the nervo-sanguineous temperament, in labor with her first child; has been so for the last nine days. During that time her physicians have been in almost constant attendance, and have exhausted nearly every therapeutical measure for her relief. At the time of my visit, the labor-pains had ceased, there had been none for eighteen hours. Indeed, the patient

appeared perfectly exhausted. Her countenance was pinched; pulse frequent and feeble; respiration hurried and short; skin moist and cold; the mind wandering, and the patient exceedingly restless, throwing her arms about in wild confusion, and imploring for help in the most piteous language. On examination per vaginam, the child's head presented low in the superior strait, and the os was dilated about one inch in diameter, and as hard and unyielding as a piece of bone.

The general condition of the patient was anything but promising, and there appeared to be no prospect that her labor would terminate very soon, without the intervention of art. I, therefore, proposed the immediate incision of the neck of the uterus, and delivery with the forceps. This was at once objected to by one of the gentlemen, and the other was mum. I insisted upon the importance of speedy action, with all the energy and power that I could command, and six hours of valuable time was thus lost before they would give their consent that the operation should be performed. During the meantime, however, the patient was well plied with opium, brandy, and camphor, which, no doubt, somewhat prepared her to pass through the trying ordeal.

The operation was performed in the following manner. The patient being placed in a convenient position upon her back, the lower limbs being flexed and firmly supported by two assistants, and the bladder evacuated by means of the catheter, three incisions were made in the neck of the uterus, with the greatest ease, by means of Cooper's hernia-knife, one on either side, and one on the arch of the anterior lip, about three quarters of an inch in length. This left the parts in such a yielding condition, that the forceps were introduced with very little difficulty, and after twenty minutes' manipulation, delivery was effected. The after-birth soon followed, the uterus contracted readily, and there was but moderate hemorrhage. The child was small, and had no doubt been dead several days, for the exterior covering of its body was very much softened, with numerous abrasions, and exhaled a very offensive odor. The woman recovered speedily, and has since enjoyed her usual health.

For the benefit of any who may be out at sea on the question as to the propriety of incising the neck of the uterus in cases of "missed labor," and are seeking a haven of rest, I would briefly say, that it is an operation which you need not fear to perform when it is clearly indicated. It is legitimately safe, and withal, easily accomplished. It is recommended, and has been repeatedly performed by some of our best surgeons, and is sanctioned by all our best works on obstetrics of recent date.

## THE ANTAGONISTIC ACTION OF OPIUM AND BELLADONNA.

By R. H. Sabin, M. D.,
Of West Troy, N. Y.

### Poisoning with Belladonna and Conium.

Thursday, July 26, 1866, I was called in haste to see two children, who while playing together in a room, had found in a stand-drawer some pills, and ate some. The oldest a girl about four years, the other a boy about three years of age.

The parents, as soon as they discovered something wrong in them, thought they had been taking opium pills.

I found them covered with a bright scarlet rash, burning heat of the skin, great nervous excitement, pupils very much dilated, indicating the action of atropia belladonna.

The parents had been trying to make them vomit before I arrived. The boy had vomited a little, but the girl none. I immediately gave an emetic of sulph. zinc, then took the box containing the pills to the drug store, to see what they were. Found they contained one-third grain ext. belladonna, and one grain of conium maculatum. No one knew how many had been taken, nor had we any means of ascertaining.

They must have taken them about an hour before I saw them.

I could not get the girl to vomit, and the boy but little. I then gave them five drops of tr. opii, and repeated it in twenty minutes. After taking two doses, the boy became rational, his pupils contracted to about the natural size, and I discontinued his medicine.

The girl was very violent, perfectly wild, like a raving maniac, some of the time singing, then laughing, then crying; would scream with great fright, and appear as if falling. After about two hours, having given her thirty-five drops of tr. opii, with no apparent benefit, she rather getting worse, and having the appearance of spasms, I gave her ten drops of tr. opii, and repeated it in thirty minutes, which quieted her for a few minutes. I then gave her ten drops every hour for five hours. During all this time she did not sleep or cease her ravings, only to become a little more quiet; nor did the pupils contract, though she had taken ninety-five drops of tr. opii in eight hours. I then discontinued the tr. opii, and gave her a solution of carb. am-

monia, which she vomited. After waiting about two hours, I gave a castor-oil and turpentine injection, which was retained, and operated the next morning.

During the afternoon she passed water unconsciously twice. The latter part of the night she got some sleep, though she jerked some in her sleep. When she awoke she was quite rational, and in two or three days was as well as usual.

### Poisoning with Opium.

On Wednesday, January 16, 1867, about 4 o'clock, P. M., I was called to see L. S., a man aged 51 years, of intemperate habits. In one of his drunken reveries, he took, for the purpose of ending his misery in this world, six drachms of laudanum. He bought an ounce at the drug store that day, and went home, and took it in the presence of his wife, she supposing it was valerian. He then set the bottle down by her side when she saw what he had taken. I was sent for immediately, and in about half an hour from the time he took it I was there. I found him raving like a maniac, very much excited; said with the help of God, he was determined to die, that he had lived long enough in this troublesome world. I could not get him to take an emetic, but on telling him I would help him along, got him to take half a teaspoonful of Thayer's fluid ext. belladonna, and repeated it in twenty minutes and again in half an hour.

Gave strong coffee to drink and to keep him awake.

6 o'clock, P. M., about two hours after taking the poison, is very quiet, wants to sleep, pupils very much contracted. Gave half a teaspoonful of belladonna every half hour. Strong coffee to drink, and by all means not to let him sleep.

9½ o'clock. Almost dead, as he expressed it, for want of sleep; would give a thousand dollars, if he had it, for five minutes sleep; pupils contracted to a mere point and fixed. Do not see the specific effect of the belladonna; no scarlet rash, although he has taken two and a half teaspoonfuls of the fluid ext. belladonna. Pulse 80, full and strong; perfectly rational and quiet; it is with difficulty we keep him awake. Continue the belladonna every half hour till 12 o'clock, then stop; give beef tea and strong coffee, as much as he can drink, till two o'clock, then let him sleep.

Was called about 4 o'clock, A. M., found him very sound asleep. Respirations 10 per minute. Breathing not stertorous but easy; pulse 130, full and soft, very easily compressed; pupils have dilated to about natural size; can awake him with difficulty; gave him some beef tea, and let him sleep till morning.

8 o'clock, A. M. Respirations 16 per minute. Pulse 158, full and soft. Pupils natural size. Face very red; can wake him, but is very sleepy. Gave the following prescription:

| | | |
|---|---|---|
| ℞. | Ammoniæ carb., | ʒj. |
| | Tr. hyosciamus, | |
| | Aquæ, | āā f.ʒij. M. |

Dose: Teaspoonful every two hours; beef tea and coffee.

12, noon. Pulse 140; respiration 16; pupils natural; face red and bloated; passed a few drops of urine.

5, P. M. Pulse 80; respiration 16; perfectly rational; has no recollection of what has passed; cannot pass his urine; drew it off with catheter.

After this his recovery was rapid. He took in all, 5 teaspoonfuls of the fluid ext. belladonna in about 8 hours.

## SWINE'S FLESH AS FOOD.

Some inquiry into the notion that swine's flesh as food, induces the disease called *Scrofula* in the human system.

By G. P. Bissell, M.D.,

Of Washington Territory.

The idea is prevalent, both in, and out of the profession, that the hog is a scrofulous animal; and that the use of its flesh as food induces scrofula in man.

I propose to state a few facts, the most prominent of which comes within my personal knowledge; to make an argument on them, and to draw conclusions from them. It is said that the hog is a scrofulous animal. I yield that argument, and more; that the hog is *all* scrofula, with the last syllable cut off: for the name of the hog in another language is *scrofu*.

*Fact* 1st. During the reigns of the Stuarts in England, a disease was common for which they (the reigning family) touched; and which received the name of King's Evil. This was one branch, or phase, of what is now recognized by the name of scrofula. The disease was located in the neck, and from the resemblance of the tumor in shape to a roasted pig, received the name of scrofu–la, or pig shaped tumor. This has given the generic name to the disease wherever located, or however acquired.

And this, I opine is all the connection which the hog has with the disease, namely, the same connection that the wolf has with lupus: *i. e.* lupus was so named because lupus eats away the flesh ravenously, like the wolf; and scrofula was

named the pig, from the supposed resemblance in shape of the tumor to a small roast pig.

If I am wrong, let some one who is versed in the Greek language, and the history of the disease make the correction.

*Fact* 2d, and most important. On the North-western coast the scrofula was a *very* common disease among the flat-headed aborigines, at, and before, the first advent of the whites as settlers here; and yet the hog was an unknown animal until brought here by white settlers. So much was it unknown to the natives that within ten years they would refuse to eat it, saying in effect that they did not like it, although they are the most shameless beggars in the world.

I make a further statement in this connection. These Indians are very sensitive to ridicule, and once, as I surprised a squaw picking the lice off her child's head and eating them—which is the common way in which they dispose of that vermin (*vide* Sir George Simpson's overland journey,)—upon my jeeringly inquiring of her if it was good food, she answered that she thought it was as good food as pork!

Now for arguments and conclusions. This is not a plea for swine's flesh as human food, but inasmuch as a few circumstances naturally connect themselves with the subject, it may be as well not to pass them by. It is truly said against the hog that his lymphatic glands are often enlarged. I reply that the same holds true of the genus *Bos*, and to an equal extent: and further, that in this country, at least, beeves' livers are diseased to a far greater extent than hog's livers. To the charge that the hog is a foul feeder, I reply, that the foulest feeder, after the vulture, is the common barnyard fowl. The hog is more nice in its taste, and less filthy in its habits, when untrammelled by man, than the ox. A man may or may not like pork, but fair play requires of us to give both the hog and the devil his due.

I come to the argument, and inferences. However scrofula may have originated, or whatever may be its cause, we know that it is largely developed among those who never tasted nor ever saw the hog, and whose progenitors for thousands of years were equally as innocent of any knowledge of the hog as they were of the etymology of the word scrofula. And I will add, that if any one chooses to jump to the conclusion, and insist that it might have come from the hog thousands of generations back, when *perhaps* they had the hog among them, that also, *perhaps* (if the hog has a similar disease) he caught it from these flat-headed Indians; and *perhaps* the disease lupus, came from the wolf.

Such is my inference, and I conclude that we shall have to go other where than to the hog to obtain a correct knowledge of the origin and developement of the disease named from the hog, scrofula. And if this paper shall turn any one's attention away from the wrong path into the right one, in the investigation of the origin of the disease, its aim will have been attained.

## CASE OF ACUTE IDIOPATHIC GLOSSITIS.

By James B. Burnet, M.D.,

House Physician, Bellevue Hospital, New York.

Timothy Harley, aged thirty-five years, single, a native of Ireland, and an iron moulder by occupation, was admitted to Ward 8, of Bellevue Hospital, on Aug. 30th, 1867. Of himself he gave the following history: Father died of old age, and mother of consumption. One brother died of a diarrhœa, and one sister in childbirth. Has now one sister, forty-five years of age, married, healthy, and has seven or eight children. There is no known hereditary predisposition to disease in the family. He has never been sick in his life until this present illness. Never had any form of venereal disease. Two months ago a lump appeared on the left side of his throat, which soon disappeared, and then, shortly after, appeared again, and so on for two or three times, until one week ago on Tuesday, when he noticed that the lump was a little larger than ever before, slightly sensitive, and his throat was so sore that he could scarcely swallow; but he did not notice anything wrong about his tongue at this time. The same day he attended a picnic, drank three or four glasses of lager beer, and returned home about 11, P. M. Did not notice that his throat was sore, or his tongue painful, when he went to bed. That night he slept in a draft between two windows. Does not remember whether it rained or was particularly damp that night, or not. When he arose, at six o'clock the next morning, he noticed that his tongue was greatly swollen, hot, and painful, and his throat sore, so that he could scarcely articulate or swallow. There was a profuse salivary discharge throughout the day. His tongue continued swelling so, that by afternoon, it almost completely filled the cavity of the mouth and greatly impeded respiration. The pain in it was intense. He was feverish, anxious, and restless. The treatment adopted by the physicians called in to see the case, gave no relief. On Friday, when admitted, he presented the following symptoms: Tongue immensely swollen and hard; immoderate action of salivary glands; glands beneath

angles of jaw on either side enlarged and indurated; slight fœtor of breath; pulse normal in character and frequency; skin cool; no constitutional symptoms. Bowels regular, and urine found to be normal, after chemical and microscopical examination. Heart and lungs healthy; liver and spleen normal in size.

The *diagnosis* made was *acute idiopathic glossitis*, and the *treatment* instituted was free gargles of chlorate of potassa, the application of ice to the tongue, and saline purgatives. His diet consisted of mik and beef-tea.

Sunday, Sept. 1st. Swelling diminishing. The disease seems confined almost exclusively to the left side of the tongue.

Monday, Sept. 2d. Much better. Tongue greatly diminished in size. Salivary discharge less, ordered potassii iodidi, 10 grains, three times a day.

Friday, Sept. 6th. Doing well. The swelling is now confined to the left side of the tongue. On examination of the throat, an extensive chronic pharyngitis was detected. Tongue feels slightly heavy yet.

Sunday, Sept. 8th. Swelling almost entirely subsided. No difficulty in deglutation. Good appetite. Feels very well.

Monday, Sept. 9th. Discharged well.

*Remarks.* This case is particularly interesting, because of its rarity, acute idiopathic glossitis being a disease but seldom encountered. Glossitis generally results from the two free use of mercury, or from acrid substances taken into the mouth, or it may occur in the course of scarlet and typhus fever, and small-pox. It but rarely leads to the formation of an abscess. Occasionally the swelling is so great as to threaten suffocation, in which case tracheotomy or laryngotomy must be performed. In a patient of Mr. Benjamin Bell, life was saved under similar circumstances by this operation. Dr. Graves mentions a case in which the inflammation merely affected one half of the tongue. The *treatment* consists in active cathartics, applications of ice, gargles of chlorate of potassa, and, if necessary, free incisions to relieve congestion, or to discharge the pus if suppuration has taken place.

Some recommend pencilling the organ with nitrate of silver, while in Dr. Graves' case, leeches were applied directly to the tongue.

—— Voltaire defined a physician to be an unfortunate gentlemen who is constantly required to perform a miracle, viz., to reconcile health with intemperance.

## CASE OF VESICO-VAGINAL FISTULA,

### OF THIRTY-TWO AND A HALF YEARS DURATION.

By Henry M. Lilly, M. D.,

Of Fond du Lac, Wisconsin.

Mrs. ——, aged 52 years, applied to me in July, 1867, for relief, on account of a vesico-vaginal fistula, caused by a protracted labor in January, 1835. Upon examination I found an elliptical fistula, seven-eighths of an inch in transverse diameter, and involving the neck of the bladder, and the upper portion of the urethra. From the meatus urinarius to the lower margin of the fistula, was half an inch. This short urethra, however, terminated in a *cul de sac* just before reaching the margin of the fistula. The vagina was contracted so as to present an hour-glass form; the fistula being *below* the constricted portion, and the uterus above. The point of greatest constriction was barely large enough to admit the tip of the index finger. The mucous membrane of the bladder was protruding through the fistula. She reported that this prolapse of the mucous membrane caused her a great deal of suffering. The bladder, by a sort of muscular spasm would force a mass of the mucous membrane through the fistula, where it would become temporarily strangulated, and not unfrequently she had been obliged to reduce the mass with her fingers, before she could obtain relief. The general health of this woman was tolerably good notwithstanding her long affliction, and her habits of strict cleanliness had preserved the parts in a very healthy condition.

I told this patient that I thought I could close her fistula, and restore the flow of urine to the natural channel; but I could not promise her such relief from incontinence of urine, even if what I proposed should be successfully accomplished. Without a moment's hesitation, she replied that she was desirous of having the operation performed, even if it did no more for her than relieve her from the suffering caused by the frequent prolapse through the fistula of the mucous membrane of the bladder. With this understanding I consented to operate.

Aug. 7th, 1867. I succeeded, as I supposed, in making the urethra sufficiently pervious, by forcing the blunt end of a silver probe through the closed extremity at the margin of the fistula, and following the probe at once with a grooved director, and this last instrument by a silver catheter. Waiting two days for the slight irritation caused by this operation to subside, I proceeded to operate on the fistula.

Aug. 9th, 1867. The patient was chloroformed and placed upon her left side. The edges of the fistula were then carefully bevelled off down to (but not including) the mucous membrane of the bladder. Where the paring of the fistula passed over the urethra, it abraded one-fourth of an inch of its length. This left only one-fourth of an inch more from the margin of the pared surface to the meatus urinarius. It was, therefore, necessary to enter the silver wire stitch in this locality, just at the margin of the meatus urinarius, in order to get sufficient hold upon the lower lip of the fistula. The entire fistula was closed transversely with *eleven* silver wire sutures, the sutures being secured by twisting the wires, and bending the ends down flatwise, after cutting them off to one-third of an inch in length. As I twisted the last two or three of the silver sutures, urine ceased to flow through the fistula. I attempted to introduce the Sim's catheter into the urethra, but could not get it in. I next tried a silver probe, and after a good deal of management, it was passed into the bladder. With the aid of the probe, I then introduced a grooved director. But all attempts to introduce the catheter beside the grooved director proved futile.

In closing the fistula, a fold of mucous membrane or a band of old cicatricial tissue seemed in some way to have been drawn tightly across the opening I had made in the urethra, and in this fold, as in a false passage, the instrument would catch every time. Not perceiving at the moment any other mode of escape from the dilemma in which I was so unexpectedly involved, I took a probe pointed bistoury and placing its back in the groove of the director, I incised the obstructing tissue toward the symphysis pubis, (or directly away from the fistula) until I had sufficient room to insert readily the catheter. About a teaspoonful of blood followed this operation; after it ceased, the catheter was replaced in the bladder. The operation being finished, the patient was placed on her back in bed. No untoward event occurred during the after treatment. Nine of the stitches were removed on the eleventh day, and on the fourteenth day, the remaining two stitches were removed, and I found that I had effected a solid union of the fistula throughout its entire extent. The catheter, however, was retained in the bladder until the eighteenth day, when I removed it permanently, and allowed the patient to leave her bed. One month has now elapsed since this operation was performed. The present condition of the patient is as follows: During the night she remains perfectly dry, but is awakened at least once with a desire to pass water, which she accomplishes without difficulty.

During the day, if she is pretty quiet, she likewise has perfect control over the urine. But if, after the bladder has become moderately distended, she attempts to move around much, there is some incontinence. The amount, however, of this involuntary leakage through the urethra is so small, that she can wear a single diaper the entire day without its becoming so wet as to inconvenience her. She has been informed that if, at the end of two or three months, she does not recover from this incontinence, an attempt will be made to relieve her by adjusting an elastic ring pessary in the entrance of the vagina in such a way as to keep up moderate pressure upon the urethra. The control which she already has over the urine is something which was not promised her, and is, to my mind, somewhat singular. In the first place, I had doubts as to whether a bladder, which had not been subjected to the least expansive force for thirty-two and a half years, would allow more than a trifling quantity of urine to accumulate in its cavity. In the second place, I doubted if a uretha, which was only a little more than a fourth of an inch in length, and which had been handled so destructively by the original accident, as well as by my surgery at the time of the operation, would ever exhibit any retentive power whatever.

### A Remarkable Invention.

Most people have a wish to preserve the bodies of deceased friends or relations from the changes of appearance by decay after death as long as possible. Though the eye has ceased to flash, the lips to move, or the voice to give response, we would fain have the clay tenement preserve its natural appearance.

To effect this object, a *perfectly air-tight* burial-case has been invented, which has preserved a corpse at Bellevue Hospital for *three months*.

This burial-case, which certainly must supercede all others, is wonderfully simple in its construction, and is closed by means of a *single screw*.

—— New York has a Medico-Legal Society. It met on Tuesday evening of last week at Dr. Leo's dwelling, No. 228 West Twenty-first Street, and subjects of interest to the medical and legal professions were discussed. Gentlemen of either profession interested in the object of the society, the study of forensic medicine, can obtain full information by applying to Dr. T. C. Finnell, at No. 132 Houston St., or to Dr. W. Beach, Jr., at the Coroners' office.

# Hospital Reports.

Jefferson Medical College,
*September 4th*, 1867.

Surgical Clinic of Prof. Gross.

Reported by Dr. Napheys.

### Sinus, following Abscess in the Thigh.

A., æt. 14. This child consulted Prof. Gross in April last, on account of an affection of the thigh, which terminated in an abscess, which was opened. The disease seemed to be of a strumous character. He was not seen again until this morning. There is now, close to the trochanter, an opening leading to a sinus long enough to contain the whole of a probe. Such a passage acts as a source of irritation, on account of the greater or less amount of secretion present, and in this way the disease may be maintained for many years. The proper plan under such circumstances is to heal up the sinus by stimulating injections, by compression, or what is much better if the parts will admit of it, by laying the sinus freely open, either on a grooved director or by means of a probe-pointed bistoury.

The boy was placed under the influence of chloroform, and a thorough exploration made. There is no disease of the joint present, but the bone or periosteum may be involved, or more likely the fascia lata. He doubtless took cold, which acting upon a rather feeble constitution, produced all this difficulty. Periostitis, caries, and necrosis, are not unfrequently produced in this way. The boy gets into a perspiration, sits in the cold and checks it; he goes to bed feeling perfectly well, but wakes up at four or five o'clock in the morning with a violent rigor, followed by high fever, and profuse sweating, swelling of the part, an abscess and death of the bone.

The sinus was divided on a grooved director, and the surface scraped so as to place it in a better condition for the establishment of healthy granulations. An oiled tent was introduced, and a compress applied, confined by a few adhesive strips. The wound will thus heal by the granulating process from the bottom. Sometimes this operation is followed by hemorrhage, in consequence of the position of a tolerably large vessel, or a number of small ones. There was no bleeding of any consequence in this case. A fourth of a grain of morphia was ordered to be administered so soon as he comes from out of the influence of the chloroform.

### Burn.

W., æt. 44; a brewer. About a week ago, while assisting in burning out a barrel with rosin, his left armed was burned. It is now in a condition of superficial ulceration.

The parts were ordered to be pressed with a dry cloth, so as to remove the moisture, and then to be painted with thick white-lead paint, and covered with a layer of cotton and a bandage. White-lead paint, free from turpentine, is the great remedy in recent superficial burns and scalds. Nothing else exerts such a soothing, sedative and pleasant influence. The carbonate of lead should be mixed very thick, with either olive or flaxseed oil, and spread over the affected surface with a soft brush, so as to completely hide it from view, and then a layer of wadding applied, confined by a roller bandage. One dressing frequently answers the purpose.

In scalds attended with vesication, the epidermis should be carefully preserved, the vesicles being opened, so as to allow of an escape of the contents, by repeated puncturing with a needle. The epidermis retained in this way, serves as a protection to the surface beneath, and thus is productive of much benefit.

### Coxalgia.

Thos. H., æt. six and a half. His left hip has been affected for two years. There is a marked difference between the buttocks of the two sides. The gluteo-femoral crease is effaced in the left side, which effacement is almost characteristic of coxalgia. The left nates has also lost its rotundity, it is flattened, giving an increased breadth apparently between the great trochanter and the anal fissure. When he stands the heel is lifted from the floor, the knee projected forward, and the thigh bent at an obtuse angle, the weight of the body being thrown on the sound limb, thus causing an apparent elongation of the limb on the affected side.

This disease, coxalgia, is of the same character as Pott's disease of the spine, occurring in young subjects, sometimes at a very tender age, nine, ten, or fifteen months, in the great majority of cases, before the age of five years, rarely as late as fifteen or twenty, and never in middle or advanced life. It commences in most cases in the head of the thigh bone, which by post mortem investigation is usually found to be more affected than the acetabulum. If not arrested, it will gradually go on until there is complete destruction of the head and neck of the thigh bone, followed by the formation of abscesses. Whenever the disease has made much progress, there must be necessarily more or less constitutional disturbance. In the treatment of these cases, a great deal depends upon the establishment of an issue with the actual cautery, which, while it makes a much better issue than can be made with Vienna paste or caustic potassa, produces an impression upon the part and system, which nothing else in the way of counter irritation can possibly effect.

### Popliteal Aneurism.

Sept. 7th. Wm., M. æt. 50. In the left popliteal space a swelling is observed which heaves as the chest does in respiration, the fingers when placed on it being alternately raised and depressed. Auscultation elicits a blowing sound. This is aneurism of the popliteal artery of spontaneous origin. It is of about six weeks duration.

Traumatic aneurism may occur at any period of life, the spontaneous form commonly only at an advanced age, in consequence of degeneration of the coats of the artery. This is one of the arteries of the body in which aneurism is most frequently observed. The disease occurs most frequently in the thoracic aorta, then in the popliteal, then the femoral, the external iliac,

the carotid, the subclavian and the common iliac—in about that proportion. This degeneration of the coats of the arteries is not common in the superior extremities. Prof. Gross has never seen a well marked case of spontaneous aneurism in the arteries of the superior extremities. Cases are described, but they are exceedingly rare. In the popliteal and femoral the disease is sufficiently common.

A tumor, occupied by blood, communicating with an artery, and beating synchronously with the heart, is an aneurism. Upon applying the hand a sort of vibratory friction sensation is imparted to it, and the ear detects a blowing or sawing sound. The size of the tumor is diminished and its pulsation lessened by pressure upon the cardiac side of the artery, while an increase is apparent in making pressure on the opposite side. Every tumor connected with an artery is not aneurismal of necessity. It may be fibroid or cystic, lying in close contact with the artery and receiving its impulse. If the tumor be extensive, simply connected with and not a part of the artery, there will be no diminution in its size on making pressure on the cardiac side, nor any increase when pressure is made on the distal side. Frequently also the tumor can be lifted away from contact with the artery.

There is a mode of treatment of aneurism, first suggested by Mr. Ernest Hart, of London, which is called the treatment by forced flexion. It is particularly adapted to aneurism of the popliteal. It consists in bandaging the limb in a flexed position, so that the tumor itself shall be compressed, as well as the portion of the artery leading into it, or feeding it. Some years ago, Prof. Gross adopted this mode of treatment in a case of aneurism of the ham, from Trenton, New Jersey. In less than twenty-four hours, all pulsation ceased, and the man rapidly improved, and ultimately made a perfect recovery. The plan of treatment by digital compression was tried, several years ago, by Prof. Gross, in a case in the hospital in connection with this college. By relays of assistants, compression on the femoral was kept up for four and a half days, without success, it being necessary, ultimately, to perform the Hunterian operation.

### Lithotomy.

Mr. F., æt. 50. He has suffered for forty years from irritation of the urinary bladder, and since last June, has had symptoms of calculus. He was sounded on Thursday last, and a stone discovered in the bladder.

On account of the great irritability of his bladder, he has been on the use of uva ursi, lupulin, bicarbonate of soda, and morphia, and has had laudanum injections. Yesterday his bowels were moved by sulphate of magnesia and an enema of cold water. Early this morning he took one-half a grain of morphia, and has just taken another half-grain.

The lateral operation of lithotomy was performed, and the stone removed, partly by the aid of the scoop, the stone being so soft, that it broke into pieces on the first contact of the forceps.

The external wound was very small, as Prof. Gross has been in the habit of making it, for many years past, much smaller than he at first recommended, and smaller than that made by lithotomists in general. It will heal in from two and a half to three weeks, although possibly three and a half may elapse before it is closed completely. Prof. Gross at first introduced a canula through the wound into the bladder, in accordance with the instructions of the books, but he soon found that it was only productive of irritation, and that there was no necessity for it whatsoever.

# Editorial Department.

## Periscope.

### Chloroform in Pernicious Fever.

Dr. S. Eagon, in the *Richmond Medical Journal*, gives the clinical history of six cases of pernicious faver, in the treatment of which chloroform, internally administered, was relied upon as the principal therapeutic means. These cases embrace in their number, one or more cases of the several recognized varieties of this disease, and are as follows:

1st, one of the cerebral variety; 2d, three of the abdominal variety; 3d, one of the thoracic variety; 4th, one of the necreamial variety.

The first case, occurring in the vicinity of Opelousas, La., in the fall of 1861, the remainder occurring in the neighborhood of this place, (Marshall, Texas,) during the last summer and autumn. Beginning, seriatim, with these cases, the first (cerebral) was of moderate severity, though possessing, in a well pronounced degree, all the distinctive features of the disease. The patient, a negro man, æt. about 25, with first paroxysm, was seen two hours after the accession of the chill, when chloroform f.ʒj. was administered, in double that quantity of glycerine, as an excipient; synapisms the meanwhile were applied to the lower extremities. The good effects of this dose were experienced in less than ten minutes, as indicated by the diminished frequency and augmented force of the heart's action, by returning warmth to the extremities, together with almost complete subsidence of delirium; in fifteen minutes the dose of chloroform was repeated, and in half an hour reaction was completely established. The patient was now put upon the liberal use of quinia, which was continued for four or five days; convalescence rapid; no recurrence.

The second case, (belonging to the abdominal variety,) the subject, a young lady, æt. 17, was of much more gravity than that just detailed, the cold stage having existed for three hours with unabated violence, no efficient means having yet been resorted to for relief. Treatment, chloroform f.ʒj. in glycerine, every fifteen minutes, till three drachms had been taken; active revulsion to the spine and extremities, by means of synapisms and friction with hot oil of turpentine. Reaction was brought about in an hour, and the patient fell into a quiet slumber, from which she awoke

in four or five hours, quite relieved. After treatment, quinia continued as in the other cases; no recurrence.

The second and third abdominal cases were so similar in their character, mode of treatment, and termination, as to admit of a common description. Both cases occurred in young adult males; were of great severity; were not seen by the physician for three or four hours after the commencement of the chill, which was continuing to deepen into collapse. In these cases there were frequent, though not copious, discharges of sero-sanguinolent matter. The patient, indeed, presented very much the aspect of one laboring under epidemic cholera, in the stage of collapse. Treatment, chloroform f.ʒi. in glycerine. A favorable impression made upon the patients in fifteen minutes; remedy repeated at this interval till four drachms had been given. Revellents to the spine and extremities vigorously employed. Reaction complete in an hour and a half, favored by slight febrile movement, which lasted for an hour or more, the patients, the meanwhile, falling into a quiet sleep, from which they awoke in six or eight hours relieved. After treatment, quinia, etc.; convalescence favorable; no recurrence of paroxysm.

The fifth case was thoracic, presenting the ordinary constitutional symptoms of this stadium of the disease (cold stage), superadded to which was laborious oppression of the respiratory organs, as shown by the much accelerated and difficult respiration. This variety of the disease is justly regarded as second only in gravity of import, to the almost necessarily fatal necreamial variety. Chill lasted three hours before treatment was begun. Treatment the same as employed in the preceding cases, with like effects; convalescence protracted. After treatment, quinia, etc.; no recurrence.

The sixth and last case (necreamial) was one of overwhelming severity, the nervous system seeming to have been almost paralyzed, whilst its dependencies seemed to suffer in like degree, from the poisonous effects of the malarial principle. The blood, indeed, upon which every organ and tissue of the body is dependent for its vital activity, seemed to be so changed and vitiated in quality, as to no longer afford appropriate material for nutrition. The subject in this case was a German, æt. about 30, of a well developed and originally vigorous frame, but at the time of attack much reduced in strength from the protracted intemperate use of alcholic beverages. Patient not seen until twelve hours had elapsed from the supervention of the chill. Treatment the same as in the preceding cases, with the exception that the remedy was given rather more liberally, and persevered in for a longer period. No impression, favorable or otherwise, seemed to be produced by chloroform, or any of the various remedies resorted to in the case. The patient died in six hours from the time I first saw him.

In treating of this affection, I have preferred to employ the classification adopted for the practical reason, that whilst the disease is essentially the same in all its various forms, requiring the same general mode of management, yet in reference to the diagnosis, it is important to bear in mind its several varieties, when there will be generally little difficulty in referring each particular case to the class to which it belongs.

My attention was first directed to chloroform administered internally, in 1860, by the eulogies pronounced upon its virtues in three cases, by the late Prof. E. D. Fenner, of New Orleans, who had prior to that period employed it with very gratifying results in several cases, as well as in the cold stage of ordinary intermittents, with like results. Dr. F. remarked on this occasion, that "from the very prompt and happy effects experienced in the limited number of cases in which I have seen the remedy exhibited, I am inclined to regard chloroform, internally administered, in the dose of from half a drachm to a drachm, repeated at the interval of fifteen or twenty minutes, as possessing more potency than any other article of the materia medica, in bringing about reaction from the frightful collapse of congestive fever." Having resided and practiced my profession since 1860, in a highly malarial district, an ample opportunity has presented itself, which has been embraced, of putting to the test Dr. F.'s assertion as to the virtue of chloroform in relieving a paroxysm of intermittent fever in the cold stage, and I am happy to be able to add, that in doing so I have had occasion, in more instances than one, to feel gratefully thankful to this distingnished gentleman for his valuable suggestion. Several articles have recently appeared in the different medical journals of this country, each bearing testimony to the value of chloroform in ordinary intermittents, given in the first stage. My own experience accords with the views expressed in those articles. I regard the diseases, (as I believe most Southern physicians do), pernicious and intermittent fever, as differing in degree only, and not in kind. The treatment of both, therefore, is rationally conducted upon the same general principles.

As to the modus operandi of chloroform in relieving the cold stage of intermittent fever, I have seen no explanation. The most plausible hypothesis of its mode of action it seems to me is, that a powerfully stimulating impression is produced upon the stomach by immediate contact of the remedy, which impression is rapidly conveyed chiefly through the medium of the nervous system to the capillaries, exciting, in this system of vessels, remote sympathy. As to the prophylactic, or antiperiodic power of chloroform in intermittent fever, I am inclined to think it possesses no greater virtue in this way, than is common to all narcotics.

### Milk Diet in Heart Disease.

Dr. Pecholier avers that a milk diet, if strictly adhered to will relieve a person afflicted with certain forms of heart disease. Under the influence of this diet, the impulse of the heart diminishes, together with the palpitation, and the congested condition of the face, the brain, and the lungs. The patient experiences unexpected improvement, and by the adoption of this plan life may be prolonged, even in cases where a permanent cure cannot be hoped for.

### New Researches on the Cardiac Circulation of Animals.

Dr. Judée has just published a pamphlet on this subject. He shows that in frogs what is, by common consent, called first movement, is compounded of the auricular portion and the dilatation of the ventricle; that the second is formed by the contraction of the ventricle, and the dilatation, *per contra*, of the two auricles with which the heart of this batrachian is provided. In the second part of the book, relying not only on his own experiments on frogs, but on those made on horses by MM. Chauveau and Marey, M. Judée stated that what these physiologists have taken for the commencement of the first movement, or systole, was nothing but the end of the second, or diastole, of the heart. In other words, that the systole of the auricle does not form part of the systole of the ventricle, but of its diastole; so that, in fact, in the horse, at least, the cardiac revolution does not commence, as is generally supposed, by the systole of the heart, but by its diastole. When M. Judée compares this cardiac revolution to a measurement in three movements, he is led to admit: 1. That the first movement, or great silence, corresponds to the dilatation of the ventricle. 2. That the second and third movements are formed by the sounds of the heart separated one from the other by the short silence, during which the ventricle contracts itself.—*Brit. Med. Jour.*

# Reviews and Book Notices.

## NOTES ON BOOKS.

The author of Prize Essays on "Health in Countries and Cities," published in the last volume of the Transactions of the American Medical Association, Dr. W. F. Thoms, has just published a "Diagram showing the effects of the Meteorological Influences on Mortality in the City of New York, 1866." It is arranged by weeks, and shows for each the range of the barometer, thermometer, hygrometer, the rain, winds, and character of sky, and compares them with the whole mortality, and that from diarrhœal diseases, cholera, pneumonia, typhus, and typhoid fever. The arrangement is most perspicuous and neat. It is for sale at the New York Nautical School, 92 Madison street, New York. *Price*, $1.00

The first number of the Humboldt Medical Archives has come to hand. It is a neat pamphlet of 64 pages, including some interesting communications. We wish it well.

The "Report of the Board of Managers of the Pennsylvania Hospital" for the last year shows, we are glad to say, a much more cheerful state of things financially than last year. Its appeal then was warmly responded to, and that venerable institution is now comparatively well to do.

A new edition of Lindsay & Blackiston's "Physician's Visiting List" has appeared for 1868. It is well known now to the profession.

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**The Physiology of Man; designed to represent the existing State of Physiological Science, as applied to the Functions of the Human Body. By Austin Flint, Jr., M. D. Alimentation; Digestion; Absorption; Lymph and Chyle. New York, D. Appleton & Co. 1867. 1 vol. 8vo. cloth, pp. 556. For sale by D. Ashmead, Philadelphia.**

These excellent monographs offer the most complete summary of the physiological knowledge of our day yet written in America. They are brought down to the most recent advances of the science, and include the results of a number of original experiments. What is equally praiseworthy, the older physiologists have been consulted, and honor is awarded to whom honor is due, by copious and accurate references to their too much neglected investigations.

The author has had constantly in view perspicuity and practicality. Very much new matter on alimentation has been gleaned from recent observations on a large scale during the late war, and results of great value are presented. Vivisections have furnished many novel facts, especially on the article on absorption.

Our readers are aware that this volume is the second of a series which Dr. Flint is preparing at great labor, designed to extend over the whole field of physiology, and to sum up, as briefly as is consistent with clearness, all that is certainly known about that science. We sincerely hope that work which is being done so well will be rewarded by the profession with liberal patronage. The volume is clearly and elegantly printed on tinted paper of fine quality, and is every way creditable to the publishers.

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### Hypodermic Injections.

M. Arnold, a military surgeon at Constantina (Algeria), lately published several cases of ague cured by hypodermic injections of sulphate of quinine. These cases have been commented upon by Prof. Fonssagrives, of Montpelier, who warns the profession as to the possibility of tetanus being induced by such injections. The professor mentions two cases—a child and an adult—who both died of traumatic tetanus after hypodermic injections of sulphate of quinine dissolved in water and a little sulphuric acid. Both patients were suffering from ague. A third case has been observed at New Orleans, in a young Swiss, who died of tetanus two months after having submitted to hypodermic injection for intermittent fever. The puncture, made over the deltoid, had turned into an ulcer.—*Lancet.*

Medical and Surgical Reporter.

PHILADELPHIA, SEPTEMBER 21, 1867.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

## THE SALE OF DIPLOMAS IN ENGLAND.

### A Singular Charge against American Medical Colleges.

Sir Dominic Corrigan, of Dublin, gave the address in Medicine before the British Medical Association, at its annual meeting in that city last month. His topic was, "The Elevation of the Social Condition of the Profession." Dr. Corrigan is a member of the General Medical Council of the United Kingdom, and has, therefore, unusual opportunities for becoming acquainted with the acquirements of those who seek to enter the profession of medicine in Great Britain. Suffice it to say, that he does not speak very flatteringly of them, as, in too many instances, they fall quite below his standard. Some, even, who presented themselves as candidates before the Navy Board had such entries as the following made opposite their numbers: "Utterly failed in preliminary examination"—"Failed in classical examination, declined to attempt to translate, and failed to write a prescription." Add to this the remarkable admission that young men get into the medical profession "who could not pass an examination for the place of a letter carrier," and it represents a condition of things in the profession of Great Britain that we did not suppose existed there,—almost quite as bad as, if not worse than, it is with us, with our multitudinous "colleges," and utter lack of system in our examinations, preliminary and final.

Dr. Corrigan next discusses the remedy for this state of things. We let that pass. And just here comes that portion of this address which calls forth this notice of a paper that otherwise would possess no special interest to us. He must be either a very credulous or a very prejudiced man who would deliberately pronounce such slanders on the medical schools of this country in general, and the oldest and most elevated of them all in its requirements for graduation, in particular. Indeed, we feel that we would be justified in charging Dr. Corrigan with wilful ignorance, when he charges that the Medical Department of the University of Pennsylvania gives the degree of Medical Doctor *in absentiâ*—and that "for the sum of £32 12*s.* in full of all demands, and delivered free"! As a clincher to this serious charge Dr. Corrigan complacently adds,—"It is scarcely necessary to observe that I have in my possession the documents, and the names!" What documents, and what names? Is Dr. Corrigan, a member of the General Medical Council of Great Britain, so ignorant of the rules that govern the granting of diplomas in all regular medical schools in this country, and so ignorant of the history, standing and position of the University of Pennsylvania, as to suppose that any of them, much less the particular one against which he makes the specific charge, would lend themselves to the traffic in diplomas, either at home or abroad? The more we think of it, the more we are surprised at so ill-considered a statement, from one who should have been better informed.

To show the absurdity of the charge, so far as the University of Pennsylvania is concerned, even if the faculty of the Medical Department could be supposed to be lost to all decency and self-respect as to engage in the traffic of diplomas, we would state that it would be an utter impossibility, as they have not the power to grant diplomas independently. After the examinations are made, the faculty recommend to the Trustees, through the Provost, those whom they deem worthy of the honor of the Degree, and it is conferred by the Trustees, through the Provost. To this document is appended the names of the entire Faculty of Medicine, Provost, Vice-Provost, and Secretary of the Board of Trustees; the latter officer attaching the seal of the University. The Faculty do not have possession of this seal, and it cannot be used except by order of the Board of Trustees.

The fact is, some sharp Englishman, or sharper Yankee, has been imposing on our British friends, and palming off upon them mythical documents for the genuine article. The very title, "The University of *the State of* Pennsylvania," an institution that has no existence whatever, is proof of that,—and a member of the Medical Council of Great Britain should have been aware of the fraud. It is not a very pleasant dilemma for a man in Dr. Corrigan's position to place himself,—that of a slanderer of the whole regular profession of America. But this he has inconsiderately done. We trust and believe that he will cheerfully make the *amende honorable.*

Our cotemporary the *Boston Medical and Surgical Journal* in speaking of this subject says:

"We feel that the charge was made with much too little consideration, and shows a want of true professional courtesy to the medical profession in America. At the present day no man has a right, in our opinion, to make the sweeping assertion that 'it is notorious that in America there

are universities that sell their diplomas to all who can afford to pay for them,' without the most undoubted authority for the statement. In point of fact, it is just as untrue as it would be to say that the Royal College of Surgeons in London sells its diplomas openly in America. Impostors there are the whole world over, who never tire in their inventions to draw money from the pockets of the simple-minded and credulous. A fictitious medical diploma would seem to be a very transparent form of humbug, were it not that the facts in the present instance show the reverse to be true. We have many medical schools in the United States—too many by half; but the poorest of them has too much self-respect to countenance the practice of which one of the oldest, if not the very oldest, and one of the first reputation, stands accused by Dr. Corrigan. Great ignorance prevails, we are well aware, with regard to our medical schools on the other side of the water. It would be a good work on the part of the American Medical Association to transmit to the General Medical Council of Great Britain some information upon the subject, and supply them with a list of our medical schools, in order that their graduates, when visiting Europe, might be met with the courtesy which, so far as our experience goes, is uniformly extended to European physicians when visiting America."

Apropos, of this subject of the sale of diplomas we are credibly informed that an *Englishman*—a D.D., LL.D. and M.D.!—is engaged in this country, in the sale of the diplomas of a certain irregular school. It may be that the same institution has its agents in England, who, taking advantage of the ignorance of our institutions, that is too prevalent abroad, have assumed a name resembling that of our venerable University.

# Notes and Comments.

### The Public Health.

The yellow fever continues to prove very fatal in many of the cities of the Gulf States. In Galveston, and other places in Texas, it is causing much distress, and contributions are called for in aid of the Howard Associations, who are laboring for the relief of the sick and suffering. In New Orleans, the mortality from yellow fever is reported at forty a day. It also prevails at Pensacola, Key West, and on board of U. States vessels in the Gulf, most of the victims being unacclimated persons. At the military ports, and on board the Government vessels, a number of medical officers are reported as having died of the disease.

We hear little now in regard to the cholera West of the Mississippi. It would seem to have expended its force for the present. There has been a strong disposition for the disease to become epidemic on the Atlantic seaboard, but it will probably fail now this season. A few cases are reported in New York, and some deaths occurred from it among the troops on the islands in New York Harbor.

The health of this city, New York, and other large cities, continues remarkably good,—"less than last week, and less than the corresponding week of last year," being the rule in the weekly mortality reports.

In a few circumscribed inland localities we hear of typhoid fever, but on the whole, our correspondents report the country as being "distressingly healthy."

Abroad, the cholera is still raging in Italy, Sicily, and elsewhere on the Mediterranean, no abatement being yet reported.

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We have received a letter from an esteemed correspondent, in reference to the article on page 171 of the current volume, in which, speaking of the comparison there instituted between two celebrated characters, he remarks: "To discuss such questions in the columns of a scientfic journal is not calculated to extend its usefulness, and are exceedingly distasteful to me, personally," and, with great propriety, draws attention to the danger of giving a sectional bias to what should be maintained as far as possible from any such tendency. We recognize the justice of these remarks, and are indebted to the writer for his admonition.

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### An Impudent Imposter.

A shameless charlatan is going about New England advertising himself in the papers as "Graduate of the Jefferson Medical College, member of the College of Physicians of Philadelphia, and *Corresponding Member of the* Medical and Surgical Reporter (!!). We state most decidedly that he never has been, is not, and never will be connected with the Reporter; that he is not, and could not be a member of the College of Physicians of Philadelphia; and finally, that he never graduated at the Jefferson Medical College, but only passed a few drunken months in attending its lectures some years since. His effrontry is only equalled by his ignorance, and the public is warned against trusting in any way such an imposter. Pass him around.

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—— Surgeon P. G. S. Ten Broeck has been ordered to Fort Preble, Maine, to relieve Assistant Surgeon F. Le B. Monroe.

# Correspondence.

## DOMESTIC.

### Remarks on a Case of Poisoning.

Editors Med. and Surg. Reporter:

Please allow me space to reply to Dr. C. A. Lee's letter, which appeared in the Reporter, August 31st.

I am sorry that any medical gentleman who has read the article referred to by Dr. Lee, should in the least misunderstand its import. I am as well aware as any other physician, that the species of pyrola, indigenous in this part of the state, are not directly poisonous. I believe, though, that "what is one man's meat is another man's poison." The boy to whom I referred, August 10th, might have possessed an idiosyncrasy, by which in consequence of eating any of the species of *pyrola*, he might have died from its effects, owing to said peculiarity being present.

I could mention several cases of this kind which have come under my notice during my practice, but I will forbear at this time, believing that this matter is well understood by the generality of medical men, and that no physician of common education for a moment doubts but that persons do die from the presence of idiosyncracies.

He did not eat belladonna for two reasons at least; the first, the plant does not grow in the vicinity of Homer, and the second, he would be likely to know the difference between belladonna and wintergreen, at his age, having always lived in the country. Additional reasons can be given; the taste of belladonna is acrid, pungent, and nauseous, and as soon as he had once tasted it, he would have at once known that he was eating something beside gaultheria. The last and most conclusive evidence is, that his pupils were contracted.

It is possible that he might have eaten one of the species of kalmia, which are all poisonous and narcotic. The common laurel, sometimes called calico-bush, (kalmia latifolia) is mistaken by children for wintergreen, especially when the young branches are being clothed with foliage. Sheep and other animals, are occasionally poisoned by eating the leaves. Barton says that "partridges and pheasants that have fed on the leaves in winter, have often caused symptoms of poisoning and even death." The *kalmia angustifolia*, or what is commonly called sheep laurel, dwarf laurel, grows in this vicinity and during the ealry part of the summer, the young leaves are often picked by children, and the difference between them and gaultheria leaves is hardly perceptible to an inexperienced eye. The *kalmia glauco*, or swamp laurel, has the same properties as the above, but is not found growing as common among wintergreen as the first named species.

Dr. Mason, of Towanda, and Dr. Scoville, of Wyalusing, Bradford co., Pennsylvania, report to me two cases of poisoning from laurel, and the symptoms correspond in some particulars to those in the case in question. The integument was very much disturbed by capillary congestion, and the symptoms of coma were very marked. The case reported by Dr. Scoville was without doubt laurel, the friends having found the leaves on or about his person, if I remember his statement correctly, which was made to me verbally, about one year ago. The lad was about twelve years of age. He was very strangely handled, acting like an idiot; throwing his hands about, and seeming to notice none of his friends. Before the doctor arrived there, his father had given him a cold bath in the watering-trough, following the suggestion of a neighbor; he finally recovered, having vomited freely.

As far as I know at present, *cicuta maculata* does not grow in the woods about this place, nor have I ever heard of sweet cicely (*osmorrhiza longistylis*) being gathered anywhere in this region.

There are four different species of pyrola, indigenous in this part of the State, and most of them are used either as medicines, or eaten to gratify the taste.

*Pyrola rotundifolia*, wintergreen, skin leaf, ord. ericaceæ; properties, gentle astringent and tonic. *Pyrola maculata*, *chimaphila maculata*, spotted pipsissewa, spotted wintergreen, ground holly, properties, similar to first named. *Pyrola umbellata*, wintergreen, prince's pine. This common American plant is allied to *uva ursi*, in botanical, as well as medical properties. This plant is used by beer makers to give flavor to their summer drinks, and very much esteemed by physicians as a pleasant tonic and alterative. Dr. Rogers of Oswego informs me that he entirely cured himself of two running sores on the side of his neck by drinking prince's pine tea. They were of a scrofulous nature, he tried many other tonics and alteratives without effect. For the benefit of those who are anxious to learn the name of the plant which the boy ate, I must confess that I cannot inform them, but will make further inquiry, and if I can give any further information, will cheerfully do so. M. M. Brown, M.D.

*Ithaca, N. Y., Sept. 9th*, 1867.

### The Patent-Right and the Copy-Right.

Reply to an Editorial in the Reporter for Aug. 31, 1867.

Editors Med. and Surg. Reporter:

It is a liberal policy to open the pages of the Reporter for the brief discussion of all questions which peculiarly interest the medical profession. The ethics or morality involved in the conduct of medical men to each other and to society, must be discussed until the points come to be settled by general consent, and while the advocates of the "Code of Ethics," as it is, claim to occupy a higher moral position than those who desire a change, the miserable heretics very naturally desire a hearing, disrespectful as it may seem to call in question an established order.

It was hardly necessary to insinuate that the Report upon Patents in the Transactions of the American Medical Association for 1866, had crept into the volume in some sly way, instead of coming in through a "standing committee," while, according to the "plan of organization," there are no standing committees except those upon "arrangements" and "publication." It came in through a special committee appointed in 1864, signed by two members out of the three originally appointed. The third member was willing to accept the conclusion of the report as far as it applied to machinery, but was not willing to give the principle full scope.

It is universally admitted that the medical man who secures a reward for his labor in preparing a book, by controling its manufacture by means of a copyright upon it, does a very proper act. His brethren in the profession pay more for the book than they would if the author would work for nothing, and find himself.

Let another man spend an equal amount of time and money in the invention of a useful instrument, and let him control the reproduction of the instrument by the same kind of governmental sanction—the patent right—and he has violated those high moral principles, in accordance with which all doctors are loving brothers, taking no compensation, neither from each other nor from the rest of mankind!

The position, that the medical profession is higher in the principles of its organization, than those of the preachers, who preach for salaries; of the teachers, who work for pay; of blacksmiths and wheelwrights by the wayside, who refuse, as a rule of business, to mend the broken vehicles of passing travellers for the pleasure of doing good, is simply absurd; nowhere acted upon, and only professed in the "Code of Ethics" and in the fustian of public addresses, in which the doctors attempt to outdo the ministers.

But, says the editorial referred to, the inventor gets his pay in reputation and increase of business. Then why not apply this to the making of books, which bear the names of their authors upon their backs, carrying them into the most public places; into the much used libraries found everywhere in doctor's offices? The instrument bears the name of the manufacturer only, and of *all* the instruments in the armamentarium of a medical man, how many can he credit to their inventors?

The plea, however, is not true. News has come to us, that the devotion of Dr. B. W. Richardson, of London, to scientific and humane inventions has reduced him to the necessity of receiving aid, in contributions from those who admire his devotion and his success in the invention of hygienic and therapeutic appliances.

Enthusiasm will make a man work without pay in the devotion of his passion, but this unfits him for other pursuits, and perhaps the very capability of this devotion to scientific or mechanical invention, is founded in an unfitness for success in acquiring a *paying practice.*

Now it is contemptibly mean, for the gentlemen of popular capabilities, to say to the workers in the department of invention, you must give us *your* living, and then get another living in *our* way, or starve. It is like the story of the fox and the goose that was invited to dine out of a platter, just right for the lapping tongue of the fox.

The inventor of Emmet's improvment on Sims' speculum, remarked to the writer, that the instrument ought to be patented, for the protection of the profession; to prevent spurious and impractible instruments from being made, and sold as the genuine article.

An instrument maker is employed to manufacture a new instrument, which requires accuracy in the formation of some of its parts. A limited number is made, and the last one is sold, leaving none for a model. More are called for and made by guess, only to disappoint the purchaser, and bring the invention into disrepute. It is only by a patent that the inventor can protect the profession, and his own reputation from such abuses.

The medical profession must come out of the dark ages into the light of the nineteenth century. It must abandon its semi-ecclesiastic investments, and accept a democratic garb, in which the principle is recognized that all systematic labor should be paid for. There will always be opportunities for private benevolence in which "the left hand knoweth not what the right hand

doeth," without having any rule for them. Acts of gratuity should be exceptions, in which present distress hires the labor of love of the good Samaritan.

All systematic attendance by physicians upon hospitals should be paid for, as the teacher is paid for his attendance upon the children in the school-house. And the whole people should be taxed to pay for necessary services, where poverty or expendiency prevents the collection of the proper renumeration from the individual served.

It is time to be done with this pretence of sanctity, and to conform to the modes of the social order in which we live, so far as they do not transgress the one great maxim of reciprocation in the Golden Rule.

David Prince, M.D.

*Jacksonville, Illinois, Sept. 9th*, 1867.

### A Singular Accident.

Editors Medical and Surgical Reporter:

The following case I think worth reporting. Three boys were at play together on the street. The oldest fourteen, the others ten or under. The oldest boy said in sport he could whip all the boys in the street. A little boy of ten years old came up and said he would fight him alone, and made a motion to strike him. It was just after dark, and there is no evidence to show that the small boy thought he was near enough to hit the larger boy. The small boy had in his hand an old pair of bullet moulds, placed astride of his middle fingers, with the handles projecting from the inside of his hand. He struck with his open hand, bringing it forward, and necessarily with little force. One prong of the handle passed directly into the larger boy's ear, as we afterwards found, fracturing the skull and penetrating the brain, leaving only a slight scratch on the edge of the meatus, which might have been made when the instrument was withdrawn. The injured boy fell down insensible, and was carried home. Reaction took place in about half an hour, and he conversed rationally. The next day he complained of pain in his head, and a serous fluid escaped from the ear. In about twenty-four hours he had a slight convulsion, and became partially comatose, with facial paralysis, and finally, with paralysis of the whole right side. The instrument entered the ear on the right side. He became, finally, wholly comatose, and died the third day after the accident. Two physicians that first saw him, did not at once recognize the nature of the injury, so slight was the external abrasion; they looked for a contusion made by the bullet moulds. A large amount of turbid fluid came from the ear; one physician thinks as much as half a pint.

The moulds were of rude construction, with handles made angular, tapering down in the form of a wedge, about four inches long, and a little over an eighth of an inch wide. The blow must have carried the point exactly into the bony canal, splitting the skull; had the point hit elsewhere, it would hardly have made a scratch on the skin.

P. J. Farnsworth, M.D.

*Clinton, Iowa, Sept. 9th*, 1867.

# News and Miscellany.

### Proceedings of the Medical Society of Hudson County, New Jersey.

The regular monthly meeting of this Society, was held at Jersey City, September 3d.

Eight members were present.

On motion, the chairman appointed a committee of three members to take into consideration the laws of the State, regulating the practice of medicine, and inquire whether any statute exists for the protection of the public against ignorant pretenders and unqualified practitioners of medicine and surgery.

The Secretary was requested to have notices of meetings published in the Jersey City, and Hoboken papers, and send a synopsis of the proceedings of each meeting to the editors of the "*Medical Record*" of New York, and the "Medical and Surgical Reporter" of Philadelphia.

E. W. Buck, *Secretary*.

### The International Medical Congress.

It is stated that the first sitting of the International Medical Congress, which took place August 16th in the amphitheatre of the School of Medicine at Paris, was very stormy. Upward of seven hundred physicians from all parts of the world were present, and the proceedings began with a speech from Dr. Bouillaud, the head of the organizing committee, which was very well received by the meeting. When, however, two lectures on tuberculosis had been delivered, and ten more were announced on the same subject, the audience became impatient, and a Dutch physian, Dr. Van Lohe, asked the permission of the president to make a remark. The president gave the required permission, upon which the doctor said, "I am a stranger, from Holland, and, as a Dutchman, I was invited to attend the Congress. I see, however, that I have been deceived This is no Congress, but a lecture-room, in which physicians meet to listen to and applaud each other." These words caused an indescribable tumult, the foreign physicians warmly siding with their colleague, and the Frenchmen as warmly protesting against his conduct. Ultimately order was restored, and the lectures were continued, but not until after Dr. Van Lohe and his supporters had left the room. It is probable that, unless the

committee alters the programme for the future sittings of the Congress, they will be attended by French physicians only.

### Prizes of the Faculty of Medicine, Paris.

At the close of the session of the Faculty of Medicine in Paris, on August 15th, the following prizes were awarded. The Corvisart prize was awarded to M. Malassey, for an essay on the subject: "Determine, by observations collected in the *cliniques* of the Faculty, the part which bronchial complications take in the fatal termination of acute and of chronic disease." No one gained the Montyon prize; but an "encouragement" of 200 *francs* each was given to Dr. Nicaise and Dr. Vacher. The Barbier prize of 2,000 *francs* was awarded to Dr. Guyon for a new method of intracranial cephalotripsy; Dr. Collongues also received honorable mention for a pneumoscope, and Dr. Godefroy of Versailles for a mechanical bed. Dr. Lancereaux gained the Chateauvillard prize of 1,400 *francs*, for his treatise on Syphilis; honorable mention, with 600 *francs*, was awarded to Messrs. Prevost and Cotard for a work on Softening of the Brain; and a second honorable mention to M. Leroy d'Etoilles for a work on Gravel. The sum of 1,000 *francs*, bequeathed by Baron de Trémont, was divided among three distinguished students with small means. Nineteen theses, presented during the year 1866–67, were declared worthy of honor; viz., first class (silver medal), 1; second class (silver medals), 4; third class (bronze medals), 6; fourth class (honorable mention), 8.

### Artificial Milk.

At the last meeting of the Academy of Medicine, M. Giboust, Professor of the School of Pharmacy, read a paper which we cannot help noticing. He called the attention of the medical world to the description given of the artificial milk invented by Baron Von Liebig, and regretted very much being obliged to enter into a controversy with him. After having reminded the assembly of the composition of this milk, and insisting upon the difficulties attending the preparation of such aliments in places where it might be most necessary, such as with wet-nurses or small families, M. Giboust added that we have at our disposal a natural product which more nearly resembles human milk than does a mixture of cow's milk, flour, malt, lactate, and butyrate of potash. It is cow's milk itself. On an average, human milk contains a little more water, more sugar of milk, less butter and caseine than cow's milk. Thus, by taking the latter, and adding a little sugar and a fifth of its weight of water, we have an aliment, at the disposal of everybody, forming a better substitute for human milk than any artificial compound.

M. Depaul, on his part, declared that he undertook experiments on new-born children, to examine the effects of this artificial milk, the taste of which was, by the by, less agreeable than that of natural milk. Four children were tried. The first two were twins, and born permaturely. In spite of the care bestowed on them, and the nourishment by the artificial milk, they died in two days. The third, born at full time, weighed 3 kilogs. 370 grammes; the mother was ill. The nourishment given was that of artificial milk. At the end of two days, the dejections became green, and on this day the child perished. The fourth infant, born under the same conditions, and nourished with same aliment, died after four days. M. Wurtz promised to write to Baron Von Liebig, to obtain more precise details on the preparation of this milk.—*Chemical News.*

### Cremation.

M. Caffe, of Paris, has just proposed the extensive application of incineration of corpses, instead of the usual practice of inhumation. This Roman method of disposing of corpses is certainly hygienic, and might be carried out in a manner combining advantages to the living, with the most affectionate respect for the dead. Of course there are many *pros* and *cons*, but the subject should be calmly discussed, especially as regards over-grown capitals like London and Paris. —*Lancet.*

### New Base for Artificial Teeth.

Dr. G. F. J. Colburn, of Newark, New Jersey, has invented a substitute for rubber in dentistry, which promises to be of much value to the profession. It is in reality a cement, of which mineral asbestos is one of the ingredients. Asbestos is a very peculiar substance. It is exceedingly light, and so very fibrous in its nature that it may be spun and woven like cloth, in which condition it resists fire, water, and many of the acids with complete success. Taking advantage of these natural qualities, Dr. Colburn has, by long study, discovered additional substances, which, when united, form an artificial base that possesses remarkable toughness, adherence, strength, and lightness. The ease and freedom with which it can be moulded is a strong recommendation. It can be readily applied to gold, platinum, and other plates. We have seen some full sets of teeth on aluminum plates that were truly beautiful. This new base contains no ingredients injurious to the health of the mouth or system. It is not affected by acid secretions, is free from all taste, and is inodorous.—*Scientific American.*

### A Cheap Glass Cutter.

The *Druggists' Circular* gives the following description of a cheap glass-cutter:—Take an old three-cornered file, heat it red hot, and plunge it into a previously prepared mixture of equal parts of snow and salt, stirring it about so as to cool it as quickly as possible. Then grind the point on a wet stone, preserving the three sides as nearly as possible, and it is ready for use. Lay the glass to be cut on a perfectly smooth surface, apply a thin flexible rule, and draw the point of the file quickly over the glass. A little practice will teach one how hard to bear on without fracturing the glass. To insure success it is needful to notch the edges of the glass at the extremities of the scratch. The file can be reground when it becomes dull. Such an instrument will doubtless be found serviceable for

cutting glass in the laboratory, and may be used as a good substitute for the diamond, and all ordinary purposes.

—— Professor Agassiz is superintending the illustrations of his "Journey to Brazil," the work being all written and in the printer's hands.

—— Professor Hyrtl, of Vienna, received a gold medal at the last Paris Exhibition for his anatomical preparations, and Professor Trichmann, of Cracow, the bronze for the same. Dr. Politzer, of Vienna, received an "honorable mention."

—— The New York City Inebriate Asylum. The building about to be erected by the Commissioners of Public Charities and Correction upon Ward's Island, New York, for the reclamation of drunkards' will be of brick in the mediæval style of architecture, with Mansard roof and ventilating turrets. In its construction the pavilion plan will be adopted—the pavillions to be each 39 feet wide by 121 feet long, and the corridors 17 feet wide by 58 feet long.

The expenditures, with a view to ensure the modern improvements in the matter of ventilation, heating, wash-rooms, water-closets, baths, etc., will be on a liberal scale.—*Med. Record.*

—— Remarkable Preservation of Beef.—Some beef which was deposited in tins beneath a heap of stones in Spitzbergen, by Captain Parry, in 1827, was recently discovered, and a portion was cooked and eaten at a supper in Stockholm, after being preserved for forty years.

—— The *Montana Post*, of August 24, says that Dr. James Dunlevy, while exploring the head waters of the Yellowstone, discovered a salt water lake, covering about forty acres. The water is always at the boiling temperature; meat thrown in was boiled in less than forty minutes. The water contains a large percentage of the crude material from which borax is manufactured.

—— The free baths in Boston have been enjoyed by seven hundred and forty-two thousand five hundred and forty-two persons during the past three months.

—— To Remove White Spots from the Cornea.—Dr. De Luca reports to the French Academy of Sciences that sulphate of soda, which has the property of maintaining the fibrin of the blood in a fluid state, may be used with success in removing these spots. The best method of using it is to reduce the salt to a fine powder, and drop a pinch of it into the eye of the patient while in a horizontal posture—the salt is soon dissolved in the liquids of the eye. After its use for a few days patients formerly blind were enabled to see vaguely, and in the course of time their sight had been completely restored.

—— Creasote for Burns. Dr. O. E. Brewster and several other physicians have used creosote as an application for burns, and have found that it brought instant and complete relief from pain.

—— Dr. John Leyburn, a young physician of Lexington, Virginia, was found dead in his office on Saturday morning, the 30th ultimo. On Friday evening, he was apparently in good health.

—— The Newport R I. *Mercury* regrets to learn that Brigadier General Robert C. Wood, Assistant Surgeon General, has been relieved from duty at Fort Adams and ordered to New York. The General has been in active service since the 25th of May, 1825, and much of the time as Assistant Surgeon General of the army.

—— Board of Naval Medical Officers.—A Board of Naval Officers, to consist of Surgeon Ninian Pinckney as President, and Surgeons David Harlan and Philip S. Wales, as members, is ordered to convene at Annapolis, Md., on the 20th inst., to examine candidates for admission into the Naval Academy.

—— It is stated that at the request of Drs. Parker, Stone, and Crane, the Sanitary Committee of the New York Board of Health, water from the mineral spring near Gettysburg is to be sent to that city, and its effects are to be tested on diseases incident to that region.

—— The death is announced of Dr. Costello, which has just taken place in Paris. The deceased gentleman was a native of Ireland, having been born near Dublin, in the year 1800. Dr. Costello was formerly proprietor of the Wye House Asylum for the Insane, Brentford, and known for his valuable papers "On the Reform and Management of Lunatic Asylums." He was a great contributor to medical literature, and the author of several works of great celebrity in his day, but that which has given his name a permanent distinction is the "Cyclopædia of Practical Surgery."

*[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]*

## MARRIED.

Clarke—McCammon.—In Pepperell, Mass., Aug. 28th, Ellery C. Clarke, M. D., of Holliston, and Mrs. Carrie L. McCammon, of Cincinnati, Ohio, daughter of John Loring, Esq., of Pepperell.

Cowperthwait—Huhn.—In this city, on the 5th of September, at St. Matthew's Episcopal Church, by the Rev. J. Houston Eccleston, H. Cowperthwait, of Memphis, Tenn., and Miss Crissie, eldest daughter of the late George Huhn, M. D.

Cummins—Braddock.—On the 11th instant, "at home," by the Rev. W. T. Eva, Dr. Lewis C. Cummins, late Surgeon U. S. Vols., and Miss Clemmie E., daughter or Darnell Braddock, Esq., all of this city.

McNary—Hawthorn.—On the 4th inst., in the Presbyterian church, in Princeton, Ky., by the Pastor, Rev. J. Hawthorn, D. D., Dr. Robert B. McNary and Miss Deborah C., daughter of the officiating minister.

Noble—Adams.—At Canaan, Conn., Sept. 12th, by the Rev Mason Noble, D. D., U. S. N., the Rev. Mason Noble, Jr., and Mary E., only daughter of Dr. George Adams.

Reed—Mead.—In New York, on Wednesday, September 11th, by the Rev. W. W. Newell, Dr. E. Reed, of Spencertown, N. Y., and Almira Mead, of Golden's Bridge, N. Y.

Traver—Armington.—In Newport, on the 6th instant, at the Unitarian Church, by the Rev. Charles T. Brooks, Wm. H. Traver, M. D., and Delia E., daughter, of Asa W. Armington, all of Providence, R. I.

Treichler—Bretz.—At Reading, Sept. 4th, 1867, by the Rev. F. C. H. Lampe, Jacob F. Treichler, M. D., of McKeansburg, Schuylkill county, and Miss Lyle J. Bretz, of Carlisle, Cumberland county, all of Pa.

White—Gilbert.—In Newark, N. J., Sept. 10th, by the Rev. John Cochran White, Dr. Wm. H. White, of Bloomfield, and Miss Mary E. Gilbert, of Newark.

## DIED.

Brown.—At Warren, N. J., Aug. 28th, of whooping cough Ernest Lane, infant son of Dr. J. Silas and Bertha A. L. Brown, aged 3 months and 13 days.

Burton.—In West Topsham, Vt., Aug. 27th, of consumption, Dr. Levi Burton, aged 63 years.

Canfield.—Found drowned, in the Susquehanna river at Renovo, Pa., on Sept. 3d, 1867, in the 62d year of his age, Dr. Ira D. Canfield, Sr., formerly of Lock Haven, Pa. An eminent practitioner of medicine in his section for the last forty years.

Johnston.—In New Orleans, La., Sept. 5th, of yellow fever, James W. Johnston, aged 39 years, son of the late Dr. Jas. W. and Elizabeth C. Johnston, of Maysville, Ky.

Morse.—At Bloomingburg, O., on the 30th ult., Mrs. Maria Clarissa Morse, wife of Dr. D. A. Morse, and daughter of Rev. Edward Cooper, aged 24 years, 4 months and 17 days.

Williams.—In Covington, Ky., Sept. 6th, Ella May, infant (twin) daughter of Dr. F. and Mary J. V. Williams.

Woodward.—In Springfield, Mass., Sept. 6th, Harriet, wife of Dr. J. Don Woodward, of Castleton, Vt., aged 53 years.

## ANSWERS TO CORRESPONDENTS.

*Dr. S. J. L., of Va.*—Pessaries of all sorts, prices, and descriptions, are in the market. The ring and the globular are as much approved as any. Price $2 to $4.

*Dr. J. T. B., of N. Y.*—The best works on medical electricity are Althaus's and Garratt's. The best machine is Kidder's.

*Dr. P. J. F., of Iowa.*—Your note, in reference to an artificial arm, has been handed to an instrument maker.

*Dr. J. A. B.*—"Why Not?" costs 50 cents, paper; 75, cloth. For the advertised back numbers we allow ten cents.

*Dr. G. A. G., of O.*—Virchow's *Handbuch der Speciellen Pathologie und Therapie*, costs about $45.00, and Billroth's *Handbuch der Chirurgie*, 19 thalers 4 silver groschen (about $36.00) delivered here. We know of a second hand copy of the former, in good condition, for sale, the price of which we will ascertain, if you wish it.

## METEOROLOGY.

| September, | 2, | 3. | 4, | 5, | 6, | 7, | 8, |
|---|---|---|---|---|---|---|---|
| Wind | N. | E. | E. | N. E. | S. | E. | N. E. |
| Weather | Clear. | Clear. Sh'r. | Cl'dy. | Cl'dy. Rain. t. & l. | Clear. | Cl'dy. | Cl'dy. |
| Depth Rain | | | | 2 10 | | | |
| *Thermometer.* | | | | | | | |
| Minimum | 61° | 62° | 67° | 66° | 66° | 68° | 65° |
| At 8, A. M. | 68 | 69 | 71 | 70 | 73 | 72 | 67 |
| At 12, M. | 71 | 78 | 78 | 79 | 80 | 77 | 70 |
| At 3, P. M. | 72 | 77 | 82 | 81 | 82 | 79 | 69 |
| Mean | 68. | 71.50 | 74.50 | 74. | 76. | 74. | 67.75 |
| *Barometer.* | | | | | | | |
| At 12, M. | 30.2 | 30.2 | 30.2 | 30.1 | 30.1 | 30.2 | 30.4 |

*Germantown, Pa.* B. J. Leedom.


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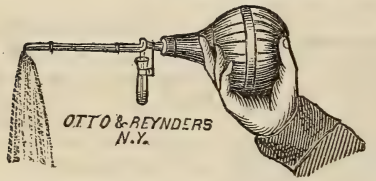


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THE

# MEDICAL AND SURGICAL REPORTER.

No. 552.] PHILADELPHIA, SEPT. 28, 1867. [Vol. XVII.—No. 13.

## Original Department.

## Communications.

### ANEURISM OF THE ARTERIA INNOMINATA, AT ITS JUNCTION WITH THE AORTA.

By Samuel Page, M.D.,

Of Jackson, California.

I send you herewith a likeness of a Chilano, age 38, who has a pulsating tumor on the right side of the sternum, (as seen in the photograph,) size five inches in length, from the sternum toward the right shoulder; width four inches, extending from the clavicle down to the third rib. Projection about two inches beyond the level of the chest.

About eight months since, a small oblong tumor made its appearance at the first or second right intercostal space, the patient says he does not exactly know; it came on while mining, and remained about that size for five months; he still mining more or less. When he worked he experienced great pain in the posterior part of the chest, and through the right arm, and frequently through the membranes of the fingers, more particularly since it has enlarged, which occurred after a debauch; since which time he has not been able to mine, on account of pain, cough, and numbness in the right hand. He has had a little cough since first he saw a sign of a tumor; it has not given him any inconvenience until of late, after the enlargement. As he could not get along in mining, he applied to one of his countrymen, who was termed a *Natural Bone Setter*, to cure the tumor. This man made some caustic application, which produced a denuded surface. As the patient got worse, and the tumor did not diminish, he sought for relief elsewhere, and came to my office. I found a raw and inflamed surface over nearly the whole surface of the tumor. Pulse 100; a severe cough at intervals; and he said he suffered a great deal of pain in the chest, and in the scapular region.

I also found that I could push the tumor down to near the level of the chest. Pressing firmly on the right subclavian or common carotid, the tumor diminished in size. Also found pulsation in the posterior clavicular space, with right clavicle raised about one inch; also pulsation deep in posterior superior sternal space.

The right radial impulse much less than the left. He was placed under the influence of tr. veratrum vir. and fluid extract of digitalis.

℞. Tr. ver. vir., (Norwood's),
Fl. ext. digitalis, āā f.℥ss. M.

Dose, 15 to 20 drops every four hours, till his pulse was kept at about 50 beats per minute.

The next day, July 8th, 1867, he called, saying he felt very much better. Pulse about 60 beats per minute. I made applications to the surface of the tumor which caused it to heal. He has visited me every two days. At his last visit, on yesterday, he expressed himself well in every respect, except the tumor was still present, and he said he thought it was smaller. I could not see it so. He asked me when he would be able to work. I told him I did not know, but it would be a long time. Care enjoined as to diet and exercise.

Is there any means of producing permanent

coagulation in this tumor, to save this patient from his inevitable doom in some unlooked for moment? Have you known of as large an aneurismal tumor, at this site, without yielding?

[In all probability this tumor will break and destroy the patient, unless speedily treated. No means of producing permanent coagulation in an aneurism of this size and position can be recommended. The proper course would be to expose the main arterial trunk, leading *from* the tumor (*i. e.* on its distal side) and either ligate it, or obliterate it by simple or compound acupressure. —Eds.]

## ON THE MEDICINAL PROPERTIES OF THE GETTYSBURG MINERAL SPRING.

By John Bell, M. D.,

Author of a Treatise on Baths, and of an Account of the Mineral and Thermal Springs of the United States and Canada.

The early history of the mineral spring of Gettysburg is similar to that of all other mineral waters. Their accidental use was followed by effects resembling those produced by medicinal substances, and subsequently, on farther trial, by the unexpected cure of an old and obstinate disease, which had proved intractable to ordinary remedies. As time wore on, the chance and empirical knowledge of the few was gradually extended, until the reputation of the healing powers of the spring became known to the inhabitants around, and the attention of the physician was called to a new agent in the materia medica. Science was afterwards invoked to ascertain the physical properties and chemical composition of the water, and thus to assign, in a measure, the cause of its medicinal operation and curative effects.

The Gettysburg mineral spring flows out in a meadow which was part of the great battle field of July, 1863. The water is remarkable for its purity, being clear, and without taste or smell. Its temperature is the same as that of the common springs in the neighborhood. It will keep unchanged for a long period, months and even years after being drawn from the spring, if collected in suitable vessels of glass or china, made air tight by their being properly corked. Sometimes, owing to this water being highly carbonated by the different salts soon to be mentioned, the carbonic acid, either from agitation or from elevated temperature, finds vent with a loud noise when the cork is drawn, and, occasionally, in a more disturbing fashion, by fracture of the glass, when too thin, and bursting the vessel. The keeping property of the water is a rare advantage, as it allows of the invalid at a distance procuring it in such a quantity as will last for a long time, and of his suspending its use, and again having recourse to it in its original purity. Still, it is advisable to place the vessel containing the water in a cellar or vault, the temperature of which is cool, and generally uniform.

The chemical constituents of the water of the Gettysburg spring have been ascertained by Professor Mayer, now of Bethlehem. His analysis shows the solid contents of the imperial gallon to be—

| | Grains, Troy. |
|---|---|
| Bicarbonate of soda | 46.05 |
| ——— lithia | |
| ——— potash | trace. |
| ——— magnesia | 76.05 |
| ——— iron | trace. |
| ——— lime | 81.00 |
| Sulphate of lime | 53.20 |
| Chlorides | trace. |
| Phosphates | trace. |
| Silica | 10.00 |
| | 266.30 |

Observation has taught us that this, like so many other quantitative analyses of mineral springs, particularly of the alum or acid class, must be received as approximative, and that the amount of mineral impregnation of water will vary according to the character of the season, in its being dry or rainy. But variable as the quantity of the constituents may be, the essential qualities of the water are unchanged, and no therapeutical element is lost during temporary dilution caused by the percolation of rain water.

While we are thankful for the aid afforded by chemistry, we must not, however, overrate its true value. It is a matter of familiar remark among most writers on the subject, that chemical analyses of mineral springs furnish hints rather than guidance; they suggest trials, but they cannot indicate positively the circumstances under which their employment will be beneficial for the removal of disease. From the predominance of certain substances, as for example, of those of the class of salines, or from the presence of iron, we infer that the waters are endowed with therapeutical activity; but experimental observations alone will enable us to determine the real nature of their effects, modified as these are by the combination of the chief ingredient with others in smaller quantities and of inferior strength. A few grains, more or less, of a mineralising salt will not help us to an explanation of the salutary and precise operation of the water. This last depends on the manner

in which the saline substances are combined together, and which chemistry can neither perfectly imitate nor explain. The language of an ancient French chemist was hardly too strong when he said: "Chemists can only analyse the dead body of these waters." The subterranean chemistry of nature is very different from that of our laboratories, and has secrets which our boasted science has, so far, imperfectly revealed. New elements are discovered by improved methods of analysis, and their detection accounts for some of the curative powers of the waters of certain mineral springs, of which previously no explanation could be offered. But these very discoveries induce a belief that still farther revelations will yet be made of other principles of even a more subtle nature. It is not many years since, that to what had been considered complete analyses of the waters of the best known mineral springs, we have been adding by means of improved processes and more delicate tests, iodine, bromine, arsenic, and in several of the German springs, lithia. So far, well known means of analysis only enable us to detect what can be weighed, counted, and measured. But, looking to the known activity and power of various imponderable agents,—heat, light, electricity, and magnetism,—and aware of the great influence which they exert over the human body, we can readily believe that mineral waters will be shown to be vehicles of modified electricity and magnetism, as they are now seen to be of heat. Some writers on the subject, and especially those of Germany, unable to solve the problem from existing data, believe that there is a peculiar vital principle in mineral waters, acting by itself as a healing power on the diseases of the organism. Speculations like this only show that there are certain mysteries in the composition and therapeutical virtues of mineral waters which are, as yet, unrevealed.

A notice of some of the most celebrated springs in other places, near and remote, will prove the correctness of the opinion of the little relation between the chemical constituents of a mineral spring and its power to cure disease. No one, it is believed, will contest the actively medicinal properties of the waters of Bedford Springs, and yet the entire solid contents of the chief one, (Anderson's,) are only 31 grains in the quart. The chief curative agent is carbonate of iron, in the proportion of 1¼ grains. The Green Brier White Sulphur Spring, Virginia, is very active and exciting, and displays remedial powers exceeding, it is thought, all others of its class, notwithstanding which, a pint of its waters contains only about sixteen grains of solid contents, and the proportion of its chie gaseous constituent, sulphuretted hydrogen, on which its medicinal virtues chiefly depend, is only from one and a half to three cubic inches in a gallon. Nearly all the European mineral springs, next to be noticed, are thermal,* and most of them of an elevated temperature, or above blood-heat. The chief use made of them is for bathing, but the internal administration of the water is not neglected, nor are the results unregistered. The paucity of their solid contents will surprise all those who have not previously directed their attention to the subject. A pint of the waters of the Gastein Hot Springs, in Bavaria, contains only two and two-third grains of solid matters, consisting chiefly of Glauber's salt and a trace of iron. These ingredients, dissolved in a pint of common water, would produce no sensible effect, whereas, the water from the spring, when drank, acts on the bowels, and still more on the kidneys, and increases the appetite. The waters of the hot springs of Teplitz, in Bohemia, yield but two or three grains of solid contents to the pint, and these consist almost entirely of carbonate of soda. They have aperient properties; but their chief reputation is for the removal of glandular and other swellings. The Pfeffers waters, in Switzerland, also of an elevated temperature, have neither taste, smell, nor color. They will keep for ten years, without depositing a sediment or losing their transparency. Many persons, after drinking them, are affected with vertigo, but a larger number experience a free evacuation from the bowels. The waters of Gastein, Teplitz, and Pfeffers, are so pure that they are used for drinking and culinary purposes. Those of Wildbad, in Wirtemberg, and of Baden-Baden and Schlagenbad, in the duchy of Nassau, are nearly on the same line of slight mineral impregnation, but yet they possess decided remedial powers. Of a similar character are the cold springs of Marienbad, in Bohemia, the waters of the two most prized of which contain, respectively, but six grains and nine grains of solid matter, including a fraction of a grain of iron, in a pint. The water of the first (the Carolinenbrunnen) is used by the inhabitants as a common drink. To this may be added the hot spring of Plombieres and Neris in France, the waters of each of which holds but an insignificant amount of saline substances in solution. The first of these is clear, and without taste or

* By the term "thermal," should be understood a temperature exceeding that of the common springs of the district. It is the general term for tepid, warm, and hot springs.

smell, and when cold, it is drank at meals. Notwithstanding this apparent absence of ordinary remedial agents, the water is used with marked success in a long list of chronic diseases, including those of the stomach, bowels, liver, and bladder, and also in rheumatism, neuralgia, and paralysis, and certain affections of the skin. In very many cases, there can be doubt that the efficacious action of the Plombieres waters, when they are taken internally, is greatly increased by the use of the bath at the same time; but knowing the skill with which their use is directed, from year to year, and the careful observations made of their effects, we must admit a large margin for the credit of the ordinary mode of administration, or that of drinking these waters. The list of springs, from the waters of which chemistry promises so little, while experience of their use has proved so much, might, if necessary, be still further extended. At the moment, we would cite the cold chalybeate springs of Forges, in the department of the Lower Seine, France. The reputation of these waters, as being eminently chalybeate, is great in the French medical world, but a careful analysis, made some years ago by an eminent chemist, revealed the presence of but five-sixths of a grain of carbonate of iron in a quart of the water. This spring enjoys historic fame, from the circumstance of Ann of Austria, wife of Louis XIII., of France, who had been eighteen years childless, becoming a mother, after having made use of its waters for a season. Several of the once fashionable springs of England present the same contrasts.

The Gettysburg spring has, we have seen, large numbers of European springs to bear it company. It will be our business now, to show that it is their equal in healing powers. Our main argument must rest on the facts which experience has furnished. It will derive collateral support from analogy, by our pointing out the curative virtues of other springs of the same class. While we refuse to take chemistry as our guide in ascertaining the remedial value of mineral springs, we may, notwithstanding, give it credit for available hints and suggestions for the successful employment of their waters. We learn from chemical analysis, the affinity in composition of certain waters, and are thus enabled to classify them on a chemical basis, into saline, alkaline or carbonated, sulphureous, chalybeate, and acid or alum. Now, when experience has made us acquainted with the real value of a particular water in the cure of certain diseases, we are justified, from analogy, in hoping for the like good effects of another water of the same class, containing similar, although not identical, constituents in solid and gaseous matters.

The water of the Gettysburg spring belongs to the alkaline or carbonated class. The bicarbonates of soda and lithia, and the kindred bicarbonates of magnesia and of lime, would suggest its adaptation to a long list of disorders of the stomach and bowels, and also of the kidneys and bladder. If we look at accounts of celebrated springs in Europe, of the alkaline class—Ems, Teplitz, Vichy, and Mont d'Or—we shall have this suggestion strengthened, and learn that, in addition to the disorders of the digestive mucous surfaces, are those of the pulmonary, such as chronic catarrh and bronchitis, and humid asthma, which are relieved or cured by the waters of this class. Home experience has anticipated the conclusions drawn from chemistry, and by analogy, from the effects of the waters of other springs. It tells us that the Gettysburg water has produced signally curative and restorative effects in different forms of dyspepsia—sickness of stomach, heartburn, water brash, acute neuralgic pains, and loss of appetite—and also in chronic diarrhœa and torpid state of the liver. Gout, chronic rheumatism, and resulting nodosities of the joints, have been overcome to a remarkable extent, by the drinking of this water. Approaching and actual paralysis have been carried off by the same means. In one case, diabetes, that often unmanageable disease, was arrested in its progress. There are now before the writer, printed attestations of citizens of Gettysburg to the curative effects of the water in their several diseases. Although these statements are not given with clinical precision and in detail, they are sufficiently clear and decided to incline invalids who are suffering in the same way, to have recourse to the same remedy. The intelligence and social position of the parties must inspire us with confidence in the accuracy of their representations.

One gentleman, an ex-member of Congress, describes himself "to have been, for twenty years, the victim of a complication of afflictions, consisting of sore throat, dyspepsia, liver complaint and rheumatic pains in the breast, sides and limbs." As if these maladies were not sufficiently disabling, he suffered in addition, at stated intervals, from "palpitation of the heart, and temporray total paralysis of both arms on the least unusual physical exercise; night attacks of vomiting with excruciating pains of the stomach etc., etc." This gentleman's case would, some years

ago, when the disease was more common and more carefully observed than it is at present, have been regarded as one of wandering gout. Be this as it may, he rapidly improved in health and spirits until at the time of writing (June 1866) he felt better than he had been for twenty years. The effects produced in this case were gradual and insensible, so that, to use the language of the narrator, "I only knew from the great improvement effected on my health and spirits that I had been taking medcinal waters at all." We shall take occasion to touch again on this point.

A lady, living in Gettysburg, had been a sufferer for some time from chronic rheumatism in her left shoulder, arm and hand; her shoulder joint and the joints of the fingers were distorted. She was entirely unable to use her hand. Dr. Huber of Gettysburg who thus describes the case, advised the patient to use the water of the spring. We give the results in her own words. "Soon after I commenced, I rapidly recovered the use of my arm, and of my hand; the enlargements in lumps on the shoulder-joint and finger joints disappeared, my fingers and hand resumed their natural shape, only one small lump remaining in the centre of the hand, but which did not give me any trouble. My strength also rapidly improved." The president of the Pennsylvania College at Gettysburg, states that the janitor of the college who had suffered much from rheumatism in his back and limbs, was greatly relieved by the water. In the case of a gentleman of Gettysburg who had been afflicted with great and increasing debility of the lower limbs, the use of the water operated "like a charm." He improved rapidly in a few weeks, and after a somewhat longer period, he was able to walk as well as his neighbors.

Another and a most complicated case of a citizen of Gettysburg is described by one of his attending physicians, Dr. S. E. Hall, formerly of that town, as follows: "The diseases of Mr. D., for which I prescribed some years ago, were chronic rheumatism or rheumatic gout, complicated with diabetes and hard lumps around some of his joints. Ordinary remedies gave him relief for a time, but he still remained crippled, stiffened and helpless in his limbs. His recovery is, no doubt, attributable to the use of the Gettysburg Mineral Water." Mr. D.'s own account of his case presents some features both of a pathological and therapeutical interest to the medical inquirer. He had suffered, he tells us, more or less from rheumatism for thirty years past, and during more than a third of that time from diabetes in its most aggravated form. During ten years past, "hard lumps" have formed above and around his knee joints "as hard as a stone," so that he had to be careful, in sitting down, not to bend the knee-joint too suddenly, lest they would be forced through the skin. On one limb, they were nearly as large as a hen's egg, on the other, smaller. "The diabetes was so severe for many years, that" he "did not get an hour's sleep at any one time, and it was only kept under by rigid dieting." On the point of giving up in despair any further attempts to obtain relief, after having tried all kinds of medication in vain, he at last bethought himself of the Gettysburg water. He began with drinking three gills a day, between meals, and gradually increased the quantity. For six or eight days it produced on him an "effect not unlike intoxication, except that it lacked the stimulus. It also aggravated the diabetes to an alarming extent;" but after this he speedily improved in all respects, and dispensed with his cane and crutch. The diabetes was arrested. The lumps or nodes on one of his legs disappeared, and of that on the other but little remains. "All this was the effect of this water, during only six weeks," drank to the extent of ten gallons.

This case of Mr. D. is truly extraordinary. The nodes or hard tumors on the joints were of very unusual size. As regards their hardness and composition, we are forced to believe that their main bulk consisted of inorganic matter,—chalk, (carbonate of lime), true chalk stone, or urate of soda, commonly but eroneously called by the same name. Both of these deposits are met with on the joints in rheumatism, as well as (though not so frequently) in gout. Were we to suppose these swellings to be ligamentous or cartilaginous, with bony matter deposited, our surprise at their disappearance would be none the less. Recourse to all known therapeutical agents and modes of treatment, are ineffectual beyond, sometimes, a reduction of the size of the nodes of a gouty or rheumatic nature by absorption of a part of the outer and investing structure. But the entire removal of the inorganic body, without surgical intervention, has not we believe hitherto been brought about, by either internal remedies or external applications, or by both united. In the case now under notice, we cannot believe that the absorbents would be equal to the task of sucking up, as it were, the deposited inorganic matter, unless this deposit had been subjected to the solvent action of the blood brought to the part by the delicate capillaries. Whence comes this solvent property? Is it

from the lithia of the Gettysburg water which, after having been taken into the stomach found its way into the circulation? Soda is detected in very perceptible quantity in the blood of those persons who had drank largely of the waters of the springs (Vichy for example) highly charged with this alkali. It is easier to negative the question than to find a more plausible supposition in its place.

[To be concluded.]

# Hospital Reports.

Jefferson Medical College,
*September 14th*, 1867.

## Surgical Clinic of Prof. Gross.

Reported by Dr. Napheys.

### Lithotomy, Performed Sept. 7th.

Mr. F., æt. 50. This patient, operated on for stone in the bladder a week ago, vide, p. 250, is doing well. He has had no untoward symptoms of any kind.

It is well known that Dr. Dudley, formerly Professor of Surgery in the Transylvania University, who performed the operation of lithotomy upwards of two hundred times, derived his patients chiefly from Kentucky, Alabama and Tennessee. Dr. Bush of Lexington, has stated to Prof. Gross that at this time calculous disease is exceedingly uncommon at Lexington, and in the three great States named, which used to give that town so many cases. This interesting fact cannot be explained by existing knowledge. As many as a dozen or fifteen patients in the year are cut for stone in the bladder in Philadelphia at the present time. The disease is comparatively rare in this city, the majority of cases being brought from a distance.

### Anchylosis of Knee.

Allen ——, boy, from the interior of the State, first consulted Prof. Gross last June. His leg was then flexed at a right angle through contraction of the ham string muscles, and partial anchylosis. He was, at the time, put under the influence of chloroform, the ham string tendons divided, the limb extended and an apparatus applied, with the excellent result he now exhibits. He walks with comparatively little lameness.

The boy was placed under chloroform and forced flexion of the joint made. This should be repeated at the interval of five or six days; so soon as the joint has fairly recovered from the effects of this manipulation, passive motion being instituted in the mean time. He is now using hot and cold douches and frictions with a sorbefacient liniment.

A great deal can be done in these cases of anchylosis. The proper mode of treatment is to prevent any occurrence of this kind. This cannot always be done, frequently, because the patient does not co-operate with the physician.

### Anchylosis of Shoulder.

Boy, æt. 16. This young man is suffering from an injury of his right shoulder, received by falling on the pavement two months ago. He cannot raise his arm. There is no dislocation, for, if there were, the acromion process would be unusually prominent, the deltoid muscle flattened, and the head of the bone could be detected in its abnormal position. The joint is anchylosed, evidently from inflammation in consequence of the injury adverted to.

In all injuries of joints, passive motion should be instituted at as early a period as is possible, after the active inflammation has subsided, otherwise the deposits will become organized, and in this way the foundation laid for bony union, after the thorough establishment of which, very little is to be done in the way of an ordinary operation.

The boy was placed under the influence of chloroform and forced extension made, when a great deal of creaking and roughness were detected. There may be partial absorption of the articular cartilages. The limb being passive under the effect of the chloroform, it could be elevated far beyond the point previously observed. The great pectoral muscle was very tense, interfering with this elevation. The arm was rotated upon its axis with the view of breaking up the adhesions. In three or four days, gentle passive motion should be instituted and renewed from time to time, once in the twenty-four hours, immediately after the application of the hot and cold douches. A gallon of water as warm as it can be borne should be poured on the shoulder from a height of twelve, fifteen or twenty inches in a gentle stream, followed by the same quantity of cold water applied in a similar manner. Then the surface should be wiped and rubbed with some sorbefacient liniment, as common soap liniment, with the addition of Granville's lotion.

### Retention of Urine.

This man has retention of urine, it being necessary to introduce the catheter twice a day. He can only pass his water unaided once in a while. It dribbles away from him sometimes without his control. He has had this difficulty five or six years. He sprained himself lifting, some seven or eight years ago.

The sound was introduced into the bladder without any difficulty, showing there was no stricture. The bladder was found to be contracted and fasciculated, which is very remarkable, considering that there is no enlargement of the prostate, no stricture, and no obstruction of any character. There would seem to be paralysis. Motion in the lower extremities, he says, is becoming impaired.

The diagnosis of this case must be thoroughly established before proceeding to institute a method of treatment. The urine must be examined and the condition of the nervous system and the digestive apparatus looked into, before coming to any conclusion as to the nature of the cause, and as to what may be necessary to afford relief.

## Clinic of Prof. Gross.—Mr. T. Spencer Wells, of London.

### Diagnosis of Ovarian Tumors.

Prof. Gross, at the opening of the clinic, introduced to the class Mr. T. Spencer Wells, of London, the distinguished surgeon and ovariotomist, Dr. John L. Atlee, of Lancaster, Pennsylvania, Dr. Washington L. Atlee, of this city, and Dr. Nicoleysen, of Norway. He took occasion to pay a flattering tribute to English surgeons, physicians, and obstetricians, to whom medical science and art have been so largely indebted. From the time of Harvey, Sydenham, and Richardson Wiseman, to the present, England has produced many distinguished medical writers and practitioners, making it a matter of thankfulness with us that we read and speak the language in which they wrote.

The operation of ovariotomy, which Mr. Spencer Wells has performed upward of two hundred times, and with such marked success, is, however, Prof. Gross stated he was proud to say, of American origin. It was first performed by Dr. Ephraim McDowell, of Kentucky, in 1809, the patient surviving thirty-two years. He operated about thirteen times in all. The first double operation was executed by Dr. John L. Atlee, in 1843, the case terminating successfully. Dr. Washington L. Atlee has performed the operation of ovariotomy more frequently than any other American—upward of one hundred and sixty times—the last having been completed only an hour ago.

Dr. Gross, after indulging in some further comments, in which he paid a high compliment to the moral status of the British profession, stated that he had a case of abdominal tumor which he should bring before the class, in order to afford Mr. Wells an opportunity of making some remarks upon the diagnosis and treatment of ovarian diseases. The subject, he added, was now attracting general attention, and he had no doubt they would be deeply interested in what his eminent confrére would say. At the close of Mr. Wells' lecture, Dr. Gross said, "If I were writing my autobiography, I should entitle one of the chapters, 'An Hour with the Ovariotomists.'"

A colored woman was then brought into the amphitheatre, and Mr. Wells was told that she was a widow, forty-nine years of age, who had had two children before her husband's death, twelve years ago.

Mr. Wells then said:

"Gentlemen.—In examining a patient, I am always in the habit of seeing what I can without asking any questions; and the first thing I notice in this patient is her color. I have never seen a case of ovarian disease in a black woman, which is not surprising, as there are very few colored persons in England. I have operated on a creole lady from New Orleans, and on a mulatto from Jamaica. Dr. Atlee tells us that, while ovarian disease appears to be rare among colored people, fibroid tumors of the uterus are exceedingly common.

"The first question, then, to decide is, whether the tumor in this woman is ovarian, or a fibroid tumor of the uterus. And I lose here one aid which I should have in a white woman. In our race, a florid complexion is very common in patients suffering from fibroid tumor of the uterus, while a certain amount of pallor—or a chloro-anæmic aspect—is the ordinary accompaniment of ovarian disease. When a woman with a large abdomen comes into my consulting room, it is not uncommon for me to form a diagnosis in my own mind, from the color of her face. I cannot pretend to judge in any such way here, but this patient has a tolerably healthy look, she is not emaciated, and there is no swelling of the legs. Carrying on the examination, we assist the eye by measurement, and I usually take various measurements of the abdomen; one, circular, at the level of the umbilicus, one from the ensiform cartilage to the umbilicus, and one from the umbilicus to the symphysis pubis—thus observing whether the greatest increase of size is above or below the umbilicus—and then another, from the anterior superior spinous process of the ilium, on each side, to the umbilicus. If the distance from the right anterior superior spinous process of the ilium to the umbilicus, is greater than that from the left to the same point, it is probable that the right ovary is affected rather than the left, and vice versâ, although there are frequent exceptions to this rule.

"The abdomen should next be examined with reference to the presence of fluctuation. In this case, my impression is, that there is fluid in the abdominal cavity, surrounding a solid or semi-solid tumor. If it were within a cyst, it would be less distinctly perceptible than it is. You see it distinctly on the very slightest impulse.

"The outline of the tumor should then be ascertained. A hard distinct outline is in this instance readily perceived, extending from six or eight inches above the umbilicus, almost to the pubis. The tumor can be pushed about, and seen to move underneath the abdominal wall, and the hand can be introduced below it on each side. It does not make any traction on the umbilicus as it is moved, which is a pretty sure sign that there is no close attachment to the abdominal walls.

"On feeling the surface of the tumor, it is found to be hard and solid, with outgrowths or projections over it, like marbles or walnuts, some of them a little movable, with deep sulci between them. This inodulated irregular surface of a hard solid tumor is exceedingly common in fibroid enlargement of the uterus, but very uncommon in ovarian tumor. It is very unusual to find an ovarian cyst so large as this one is, without distinct fluctuation in some part of it. None can be made out in this instance; nothing but a hard, moveable solid tumor, surrounded with fluid, free in the peritoneal cavity. I have scarcely a doubt that this case is one of fibroid tumor of the uterus, and not one of ovarian disease. Auscultation is of value in settling this question. I have only once or twice heard a vascular murmur in an ovarian tumor, but in fibroid tumor of the uterus a vascular murmur is often perceptible; sometimes tubular, as if from large ves-

sels, sometimes more vesicular, as if from a great number of small vessels.

"The stethoscope, in this case, placed in the iliac region, does not detect any murmur, but an arterial impulse or beat is obtained, synchronous with the pulse, projected, as it were, from the aorta through the solid substance of the tumor. From the almost inaudible character of the murmur, one would say that the tumor is not very vascular, but rather an outgrowth, than an enlargement of the whole of the body of the uterus itself.

"All the information possible should be obtained from the abdominal wall, but an internal examination very much clears up any doubt as to the diagnosis in these cases. In this patient the vaginal examination quite bears out the diagnosis made through the abdomen, inasmuch as the uterus is drawn up out of reach. This often happens in enlargements of the uterus, while it is very rare in an ovarian tumor, that the cervix uteri cannot be felt, unless the ovarian tumor is detected low down in the pelvis. If the pelvis be empty, and the uterus out of reach of an ordinary examination, as in this case, that fact is almost of itself sufficient to remove any doubt as to the diagnosis. The sound introduced into the cavity of the uterus, to see if it be elongated, is often of service in determining the nature of the enlargement. Frequently, however, although the womb is elongated, the cavity is so twisted and bent, that the sound cannot be introduced up to the fundus, and mistakes are often made in this way. If the sound can be passed up eight, ten, or twelve inches, of course, it clears up the case completely; but as a rule, I do not place much reliance upon the opposite condition, when the sound will not penetrate far, because the uterus may be large, and its cavity small or distorted."

The patient having been taken away, Mr. Wells added:

"I have removed these large fibroid tumors of the uterus but with very ill success. In one instance, one which weighed twenty-six pounds, the patient lived four days, both ovaries were removed with it, and from this and other cases which I have published, I have been led to the opinion that unless there is some very serious danger to life from hæmorrhage, or pressure on some vital organ, these large fibroid tumors of the uterus are better left alone until there is some very urgent necessity for interference."

Mr. Wells then showed several instruments which he used in ovariotomy, and made remarks on different modes of dealing with the pedicle, he then said:

"As to the results which I have had in ovariotomy. I have operated in two hundred and twenty-eight (228) cases. In the first one hundred patients, sixty-six (66) recovered; thirty-four (34) died; in the second hundred, seventy-two (72) recovered, and twenty-eight (28) died; and in the twenty-eight cases of the third hundred, four died and twenty-four recovered. Out of the two hundred and twenty-eight cases one hundred and sixty-two (162) recovered and sixty-six (66) died, giving a mortality of 29 per cent. This is a mortality better than in many serious surgical operations, which no one can think of calling unjustifiable; better than in amputation at the hip-joint or of the thigh; than in the operation for strangulated hernia; than in ligature of the iliac artery, etc. All these surgical operations which are performed without hesitation, give results less favorable than have been obtained in ovariotomy, even when both favorable and unfavorable cases have been included. For this operation is often performed when there can be but little chance of recovery, in the last days of life, at the solicitation of the patient that she may not die without some effort having been made to save her. The results would be much more favorable if one could decline to operate on any but favorable cases. In a certain number of cases one begins the operation, but is unable to complete it. This occurred to me eighteen times. In seven cases I removed both ovaries, having found after removing one ovary that the other was diseased; four of these patients recovered and three died. Twice I have removed an enlarged ovary after the removal of the other, some time before. In one case another surgeon extirpated the left ovary some nine months before I did the right, which began to enlarge soon after the first operation. The patient died. In another case I operated upon a patient who remained perfectly well for a year, when the other ovary began to enlarge, and I removed it eighteen months after the first operation. This patient recovered, and remains well, as I said just now. In eight or nine per cent. of my operations I have begun the operation, and not been able to complete it, or have found that I had made an error in diagnosis. I do not think this is a much larger proportion of failures or mistakes than may be expected in other serious surgical operations. Mistakes will occur sometimes in spite of the greatest possible care. The surgeon performs lithotomy, and possibly finds there is no stone; or he may puncture some collection of fluid and find it is an aneurism. These errors are gradually being eliminated as one advances in the knowledge of disease. In ovariotomy we have not the literature or the traditions of centuries to guide us as in the better known operations, but Dr. Atlee following Dr. McDowell and other American surgeons, and we in England, have had to find our way along new untrodden paths. But with all these difficulties and disadvantages, I believe that in a few years, if we faithfully make known our errors and show others the way by which we learn to avoid them, the operation of ovariotomy will be performed hereafter, by many of you, gentlemen, with far greater success than it has been by us."

At the close of his lecture Mr. Wells exhibited some instruments,—a trocar and a clamp,—of his own invention, for the purpose of facilitating the operation of ovariotomy; but as an account of these has already appeared in print, it is not deemed necessary here to describe them.

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—— M. Velpeau has bequeathed his surgical instruments in equal shares to two of his former pupils, Dr. Desprès and Dr. Guyon.

# Editorial Department.

## Periscope.

### New Form of Endoscope.

In the *British Medical Journal* of Aug. 17th, 1867, Dr. R. Archer Warwick of Richmond, S. W. proposes a new form of endoscope of which the following is a representation.

He says:

My instrument consists of a brass tube of the simple endoscopic construction, about four inches and a half in length and one in diameter. A Ramsden eye-piece, consisting of two plano-convex lenses with a magnifying power of about two and a half times, and capable of adjustment for distinct vision, is fitted to one end of this tube,

and the eye-piece is so constructed as to admit of the insertion of a spectacle lens, to suit the eye of those who require the aid of glasses. An adapter in the form of a cone and blackened inside, is attached to the other end of the instrument, to receive the various silver tubes required for the examination of the organs and passages to be explored. Midway between the two extremities of the tube is an aperture nearly one inch in diameter, into which is fitted a metal cone, two and a half inches long, and three inches in diameter at its base. This cone is plated with silver on its inner surface, and highly polished. A large double convex lens of short focus is adapted to its base, so that light of an inferior quality or intensity may be condensed and rendered sufficient for the use of the instrument. The silver tubes for the urethra are similar to those used with Dr. Cruise's instrument; they are highly polished on the inside, and correspond in size to Nos. 8, 10, and 12, of the ordinary catheter-guage. The tube used for the bladder resembles a catheter with a short curve, and allows a portion of the bladder, to the extent of nearly half-an-inch in length, to be seen, through an aperture filled in with glass. The endoscope I have had constructed will show an object with a north light more distinctly than Dr. Cruise's does with an artificial light, and the object is seen from eight to ten times more distinctly with a similar artificial light; it is also available for the examination of other organs, as is the case with Dr. Cruise's. Referring to the advantages of the endoscope, he says:—"The utility of the endoscope is not, however, confined to the diagnosis and treatment of diseases of the urethra—far otherwise. There is no portion of the human body into which a straight tube can be introduced, in which it will not be found of service. With it the interior of the bladder may be thoroughly investigated; tumors, ulcerations, and sacculi recognized; calculi examined, and information gained as to their size, figure, number, position, whether encysted or loose, and so on. The rectum, beyond the reach of the finger and speculum, can be searched for ulcerations, constrictions, tumors, etc. The cavity of the uterus can be demonstrated; so also the auditory meatus, nasal fossæ, pharynx, larynx, and, I should even hope, œsophagus and stomach. Likewise wounds, especially those suspected to contain foreign bodies, abscesses, the cavity of ovarian cysts after tapping, and so on. I have been enabled by the endoscope to obtain so clear a view of the interior of the uterus that I am satisfied it will prove most useful for the diagnosis of small polypi, granular and follicular ulcerations, and other affections, which at present are subjects of conjecture rather than positive knowledge."

### A New Process for Preparing Anatomical Specimens.

Dr. Brunetti, of Padua, who received a gold medal at the Paris Exposition, has generously communicated to the international Medical Congress the following particulars of his valuable invention. The process comprises four several operations, viz. 1, the washing of the piece to be preserved; 2, the *dégraissage*, or eating away of the fatty matter; 3, the tanning, and 4, the desiccation.

1. To wash the piece M. Brunetti passes a current of pure water through the blood vessels and the various excretory canals, and then he washes the water out by a current of alcohol.

2. For destroying the fat he follows the alcohol with ether, which he pushes, of course, through the same blood vessels and excretory ducts; this part of the operation lasts some hours. The ether penetrates the interstices of the flesh, and dissolves all the fat. The piece, at this point of the process, may be preserved any length of time desired, plunging in ether, before proceeding to the final operations.

3. For the tanning process M. Brunetti dissolves tannin in boiling distilled water, and then, after washing the ether out of the vessels with distilled water, he throws this solution in.

4. For the drying process Dr. Brunetti places the pieces in a vase with a double bottom filled with boiling water, and he fills the places of the preceding liquids with warm, dry air. By the aid of a reservoir, in which air is compressed to about two atmospheres, and which communicates by a stop-cock and a system of tubes, first to a vase containing chloride of calcium, then with another heated, then with the vessels and excretory ducts of the anatomical piece in course of preparation, he establishes a gaseous current which expels in a very little time all the fluids. The operation is now finished.

The piece remains supple, light, preserves its size, its normal relations, its solid elements, for there are no longer any fluids in it. It may be handled without fear, and will last indefinitely. The discovery is a magnificent one, and the sooner medical schools are provided with full cabinets of natural and pathological pieces the better.

### Effects of Alcohol on the System.

Dr. N. S. Davis (*Chicago Medical Examiner*, Sept., 1867) having instituted a series of sphygmographic observations of the effects of alcohol on the circulation, thus sums up the results:

First. Its presence in the blood directly interferes with the normal play of vital affinities and cell action in such a manner as to diminish the rapidity of nutrition and disintegration, and consequently, to diminish the dependent functions of elimination, calorification, and innervation; thereby making alcohol a positive organic sedative, instead of a diffusable stimulant, as is popularly supposed, both in and out of the profession.

Second. That the alcohol itself acts in the system exclusively as a foreign substance incapable of assimilation or decomposition by the vital functions, and is ultimately excreted or eliminated without chemical change.

The important bearing of these conclusions on the therapeutic and hygienic uses of alcoholic drinks, must be obvious to all, and especially demand the careful attention of every member of our profession.

### Ingrowing toe nail.

Dr. Bailey in the Leavenworth *Medical Journal*, suggests the following method of healing this annoying deformity:

"I have found that the *second* toe always presses firmly against, and rather beneath the side of the great toe, which very naturally produces the whole trouble. It has occurred to me, therefore, that if this constant *cause* could be dispensed with, and at the same time pressure applied in such a manner as to press the flesh *away* from the nail, a permanent cure could be effected without the use of the knife, which is justly dreaded by the patient. To accomplish this, I got up a bandage, by taking a piece of strong muslin, about one inch wide and *just* long enough to make *two* loops (by sewing) one large enough to slip over the great toe, and the other to slip over the third toe and bring them close together, letting the second toe rest over or above the bandage, where it furnishes precisely the required pressure to crowd the soft parts away from the nail and at the same time remove the pressure that caused the disease.

"In the few cases that I have used this simple appliance, it has been followed by complete success. It is convenient, not troublesome to apply, and can be worn without dispensing with ordinarily tight boots or shoes, which is, sometimes, quite an important thing, especially if the patient is a lady."

### Foreign Bodies in the Air-Passages.

In the *Humboldt Medical Archives*, Dr. J. McDowell mentions the following new method of extracting bodies from the trachea, which he has tried in two cases with success. He remarks:

"One of the best methods of relief is to put the patient partially under the influence of chloroform, and while thus relaxed, a convulsive action of the expiratory muscles is produced by irritation of the the mucous membrane of the fauces, and Shneiderian membrane. At the same time strong pressure is applied to the chest. Frequently this operation is successful, and the foreign body unexpectedly slips by those now dozing sentinels, the vocal cords.

"The new precedure which I have to propose, is to be applied at the same time, and in connection with the inversion of the body. It consists simply in the widening of the aperture of the glottis, by manipulation. The head of the patient is to be thrown back, so that the anterior convexity of the cervical region is increased, forming a support for the cricoid cartilage. Firm pressure is then to be made by the surgeon on the projecting angle of the thyroid cartilage or *pomum Adami*.

"The results of these operations is the relaxation of the *chordæ vocales* and the widening of the space through which the body has to pass."

# Reviews and Book Notices.

### NOTES ON BOOKS.

Physicians who attend families of the Roman Catholic communion are occasionally called upon to perform the rite of baptism of infants, either immediately after birth or while still *in utero*. This subject is treated of, and appropriate instruments described for performing the latter act, in a work just published in Paris by Dr. E. Verrier, entitled "The Baptism of Infants in Cases of Danger, and especially Intra-uterine Baptism." Dr. G. Gaujot, who is professor of mechanical surgery in the French military hospital of Val de Grace, has appeared as an author of an "Arsenal de la Chirurgie Contemporaine." It gives a detailed description and the time and method of application of all the apparatus and instruments of value in both the diagnosis and treatment of surgical diseases. The new science of Anthropology, which is indissolubly associated with that of medicine, is constantly attracting more attention. The Societé d' Anthropologie de Paris, has, we observe, commenced the publication of the second series of its Bulletins. While the south of France is so often recommended for invalids, the essay of Mr. Williams, which has just appeared in London, "On the Climate of the South of France," should have a sale. The British Vaccination Act which was so much commented on last winter, has been printed in pamphlet form, with notes and explanations by Mr. Banke, at the reasonable figure of a shilling, sixpence. In medical journalism, the latest announcement is *Le Sud Medicale*, which is to be published in North Africa, and have contributors in Tunis, Tripoli, etc. The "Journal of Anatomy and Physiology," edited by Drs. G. M. Hum-

PHREY and WILLIAM TURNER, Professors of Anatomy respectively in Cambridge and Edinburgh, will be continued half-yearly. The next number will be ready in November. Subscription 10*s.* 6*d.*

We are glad to announce the approaching publication, by several of the staff of the Pennsylvania Hospital, of a series of Reports similar to those of Guy's and other London Hospitals. This will be a most valable contribution to medical literature. The essay will be of a practical character, embracing a number of topics in both medicine and surgery, and the names of their writers, Dr. J. DA COSTA, Dr. A. HEWSON, Dr. D. H. AGNEW, Dr. MORTON and others, are sufficient guarantees of their solid worth. No such Hospital Reports have yet appeared in our country, and we are glad to see the initiative taken. The volume will be ready in in two or three months, and we bespeak for it a cordial reception.

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**The Tree of Life; or Human Degeneracy: Its Nature and Remedy, as based on the Elevating Principle of Orthopathy. In two parts. By ISAAC JENNINGS, M. D. New York: MILLER, WOOD & Co., 15 Laight Street. 1867. 1 vol., 12mo., pp. 279.**

Though the writer of this little work is now in his eightieth year, he is so far from finding the grasshopper a burden, that he sets out to establish a new pathy—orthopathy—which is to be to all other pathies, what orthodoxy is to all other doxies. The two parts of the book are, the one on man's spiritual, the other on his physical degeneracy. The first we turn over to the theologian, merely saying, that the impression it makes upon us is, that the writer is a true-hearted, earnest, humble, Christian man. In the second part he developes his physiology, hygiene, and therapeutics. The last mentioned is the most ultra expectantism. Going beyond Drs. FORBES and BENNETT, he decries drugs of every description, including stimulants, narcotics, and animal food. Whether sick or well, these he maintains are worse than useless; they are mischievous. For himself, these thirty years past, he has never tasted flesh, spices, alcoholic beverages, tea, nor coffee, and has derived benefit from such abstinence. In physiology, he steadily defends the theory of a vital principle, a *Lebenskraft*, and in pathology, denies not less positively the entity of disease. He thinks he has discovered five varieties of nerves, and a method of living, which, if carried out, would make us all last to call CORNARO a youth. There is in his often rhapsodical and most unscientific chapters, matter to make the most sceptical ponder, and his remarks on stimulation are particularly worthy of attention. Let it be added, in explanation of his style and his views, that Dr. JENNINGS is one of the reformers of the last generation, one of the founders of Oberlin College, a man instigated by deep and real convictions, one who acted out his attachment to communism of property, and who merits at least a fair hearing.

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**Is it I? A Book for Every Man. By Prof. H. R. STORER, M. D. Boston: LEE & SHEPHARD, 1867. 12mo., pp. 154.**

This book is an appeal to men to restrain and to properly direct their sexual passions; to refrain from self-abuse and fornication when unmarried; and when married, to be temperate and affectionate in their exercise of the marital privileges. We believe the work will do good—much good. Sensuality is a vice which is stealing upon us, as a people, with rapid strides. That the volume contains urgent and stirring appeals, drawn from a wide and intelligent observation of the disastrous effects of indulged passion; that the laws of health are stated in a way that he who runs may read and understand; that withal, the so necessary delicacy and dignity are everywhere observed, none need be assured who are familiar with Dr. STORER's previous writings.

Nevertheless, we believe that he lays himself open to a just criticism in his style and title. They are both *sensational* to a degree that mars the general satisfaction one feels in the perusal. A certain exaggeration, rather as a tendency than a fact, pervades the whole. The book might, in places, have been written by MICHELET, whose *L'Amour* and *La Femme* went partially over the same ground. To illustrate: the statements that syphilis "is wholly ineradicable from the system, and is transmissible in all its virulence, to children's children," (p. 54), that "man, during the earliest period of his existence, was once a woman," (p. 100,) and that neither form of specific disease can be occasioned but by sexual contact, (p. 121,) are but half-truths, well calculated, perhaps, to point a moral, but conveying neither an entirely correct impression of the general opinions of physicians on these points, nor representing widely accepted theories. This tone pervades too much of the book to let us yield it undiluted praise. Nor can the choice of such a title be explained as else than a device to make the book sell, and as such, an example that we regret to see set by a physician of Dr. STORER's eminence. Despite these facts, we recommend the book to every physician, as worth his time and money.

Medical and Surgical Reporter.

PHILADELPHIA, SEPTEMBER 28, 1867.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

## LOUISVILLE, KY.

Dr. Coleman Rogers has very kindly consented to represent the interests of the Reporter in Louisville, Ky. He will procure material for its pages, as opportunity may offer, and will also receive subscription money from any who prefer to pay him rather than forward it through the mail. We have a large number of subscribers in Louisville and vicinity, and they can communicate with us at any time through Dr. Rogers.

## WANTED!

The unexpectedly large demand to supply new subscribers from the commencement of the current volume, has nearly exhausted our supply of several numbers. We will pay ten cents each, or give credit on subscription for any of the following numbers: 540—543—546—547—548.

See also in the advertising columns a list of numbers wanted.

## COST OF PRINTING SOCIETY RECORDS.

It is extremely desirable that medical societies of towns and counties, should preserve their records in some more secure manner than in the Secretary's book. We have recently received several communications inquiring the cost of printing in cheap pamphlet form a limited number of copies of proceedings. The following estimates, based on the prices of paper and composition, as they are now in this city, will approximate sufficiently close to allow societies to decide on the advisability of publication.

A pamphlet of thirty-two pages similar in size to the Reporter, and in type which will allow about twelve hundred words to the page, can be printed to the number of two hundred and fifty copies for about $125.00. Each additional 250 copies will cost but about $8,00, being merely the price of paper and presswork, with a small margin for stitching. If the pamphlet is bound, the cover paper and binding will add about five dollars to each 250 copies. For each additional 32 pages, there must be allowed for composition one hundred dollars, and for paper, eight dollars per token of 250 copies. No doubt in some localities these figures can safely be diminished but as they stand, they should be no obstacle to the preservation and distributon, not of long-winded addresses or speeches, or second-hand essays, but of condensed minutes and new and useful experiences.

## ORGANIZATION OF THE MEDICAL PROFESSION in the DOMINION of CANADA.

We have received a circular calling a meeting of the profession of the adjacent British provinces, to meet at Quebec on the 9th of October, for the purpose of organizing a Canadian Medical Association, and in order to take concerted action on the subject of medical legislation, the granting of degrees, etc.

We trust that the proposed meeting will be largely attended, and much accomplished toward protecting the interests and extending the usefulness of the profession of Canada.

At a meeting of the medical profession of Quebec, held at Laval University in June, the following resolutions were unanimously adopted, and are to be submitted to the proposed convention in October.

"*Resolved*, 1. That in the interest of the public, and the medical profession, it is desirable to adopt such means as will insure a uniform system of granting license to practice Medicine, Surgery, and Midwifery, throughout the Dominion of Canada.

*Resolved*, 2. That in future, all medical degrees or diplomas, of Universities, Colleges, or Schools of Medicine, shall have merely an honorary value, and licences to practice Medicine, Surgery, or Midwifery, in the Dominion of Canada, shall be granted by a Central Board of Examiners, in each Province, before whom all holders of Degrees in Medicine, or Diplomas for Surgery or Midwifery, shall appear for examination.

*Resolved*, 3. That a committee of seven members be named by the Medical Society, to confer with the various Universities, Colleges, and Medical Schools in Canada, on the subject of the establishment of a Central Board of Examiners, before which all candidates for license to practice medicine in the Dominion of Canada shall be examined.

*Resolved*, 4. That the Quebec Medical Society recommends the calling of a Convention of Medical Delegates, from Universities, Colleges, Schools, Medical Societies, etc., in the Dominion of Canada; to meet at the city of Quebec, on the second Wednesday in October, 1867, for the purpose of adopting some concerted action, on the subject of medical legislation, in conformity with this report, and for the formation of a "Canadian Medical Association."

The whole respectfully submitted.

W. Marsden, M.D., Chairman.

R. H. Russell, M.D., Secretary.

In this connection we would mention that it is expected that the newly elected Parliament of Canada will establish new Quarantine Laws adapted to the wants of the United Provinces. Fortunately for the interests of the new dominion, the prevailing views on this subject through

this country and abroad, have not only strong and enlightened support in Canada, but they have to a large extent been influenced by the earnest and persistent teachings of Dr. William Marsden of Quebec, whose communications in this and other medical journals, and addresses before the American Medical Association and other medical societies are familiar to most of our readers. We trust that the legislation of the Canadian Parliament on this subject will be such as can be profitably followed by our own and other Governments.

## PUBLIC URINALS.

Our public spirited townsman, Geo. W. Childs, editor of the *Public Ledger*, has recently had erected in front of his new building, at Sixth and Chestnut streets, two beautiful marble drinking fountains, thus providing in that location a great want of the population, and setting an example which should be followed, not only by private citizens, but by the municipal authorities of all our large cities, until a supply of fresh drinking water is within the reach of all.

But there is another and no less important want of our city populace that should be supplied, and which has frequently, for years past, been urged in these columns. We refer to public urinals. The passer-by on our most public thoroughfares is constantly, and in the most indelicate ways possible, reminded of this necessity, as well as of the fact that urine, like other discharges from the human body, undergoes rapid decomposition on exposure to the air, emitting a most offensive and sickening odor, giving occasion to the posting up of the placard at our street corners, and in our by-ways, so familiar to the eye of both the vulgar and the refined, "Commit no nuisance here."

Spasmodic efforts have been made in this and other cities to supply this great need, but they have failed hitherto, in consequence of defective construction. The plan heretofore adopted in their construction, has been that of having a flow of water, either constant or at stated intervals, to pass through the trough or urinal. This is the best method that has yet come into general use, but to show that it has been a failure we have only to cite our public places of resort, our railway depots, ferry-houses, school-houses, hotels, work-shops, etc. In this city a urinal constructed on this plan was placed behind the State House, and was a very great accommodation to the public, but it became so offensive—its foul odors reaching even to Chestnut street—that it had to be removed. A constant flow of water then is not sufficient to prevent foul odors from urinals. But there is another, and a very serious objection to this plan. Obstructions of various kinds frequently fill up the waste-pipes, thus causing an overflow of water, which is the occasion of much damage to property, as well as discomfort to individuals.

What has been wanted to popularize these much needed conveniences, and make their use universal, is a contrivance for *deodorizing* urine, and at the same time removing it. This great desideratum seems to have been fully supplied in an invention patented by a Mr. Rankin, of New York city. It consists of a urinal of peculiar construction, supplied with a deodorizing compound which completely destroys the odor of the urine, while it allows it to flow away into the sewer. This plan has been thoroughly tested by private citizens in New York, and by one of the principal Rail-roads in New Jersey, and we understand it has given unqualified satisfaction. Two or three of these urinals have lately been put up in this city,—one at Bird's Billiard Saloon in Arch street, and one at the Patent Metal Company's office, No. 108 South 4th street.

We learn that it is the intention of the patentee to visit this city shortly, with the view of bringing his deodorizing urinal into general use in our city; and we are sure that what it promises to accomplish, and does accomplish where it has been used, for the health and comfort of the community, will lead to efforts on the part of some of our capitalists, if possible, to secure the right to manufacture and dispose of it in this city and State. When it is considered that the demand for them would extend to our hotels, depots, public buildings of all kinds, school-houses, prisons, manufactories, shops, stores, offices, railway cars, steamboats, vessels, public squares, and even private dwellings, it will be readily seen that this offers a rare opportunity for investment of capital in a way that will bring in heavy returns, besides conferring a very great boon on the public. Practical men in New York, who know something of the working of these deodorizing urinals, have remarked that they would rather own stock in them than in any sewing-machine; and it is well known that the returns from such stock are fabulous.

As no flow of water is permitted through these urinals, their general adoption would tend to diminish the consumption of water, and lighten the burden of the water-tax considerably, besides avoiding the danger of overflow of water in many places where much damage to property is the consequence.

But the sanitary results of their general introduction is with the physician the chief consideration, and if they shall prove here, as elsewhere, contributors to the health and comfort of the public, their use will be encouraged in all our public places of resort, and thereby one of the most offensive nuisances we have to contend with be abated.

# Notes and Comments.

### T. Spencer Wells, F. R. C. S.

This gentleman, a distinguished London surgeon, especially in the line of the surgical diseases of women, has recently made a hasty visit to our country. The cordial reception he has received from the profession, will, we trust, have the effect of increasing the intercourse between the medical men of Great Britain and this country.

It is high time that the ties that bind us together were drawn closer. Our intercourse, heretofore has been too much on one side—American physicians being generally the visitors, comparatively few representatives of the British profession appearing among us.

The Reporter for this week contains full accounts of Mr. Wells' visits in this city and New York. We are glad that the opportunity has been offered to reciprocate the many kind attentions he has so often shown American physicians in London.

### Sir Dominic Corrigan and the University of Giessen.

Sir Dominic Corrigan will have to bring forth the documents on which he founded his slanderous attacks on the medical schools of this country and Germany. Dr. F. Wilbrand, Dean of the Medical Faculty of the University of Giessen, addresses a note to the *British Medical Journal*. He says:

"In conformity with the laws of the Medical Faculty existing since 1846, no medical degree can be conferred on foreigners *in absentiâ*, with the only exception of such degrees as are granted *honoris causâ*. These are given gratis.

"Whoever applies here for a diploma of M. D. must submit to a personal examination before our Medical Faculty; and in that examination the same scientific demands are made as of candidates of this country; and it must be previously shown, by authentic documents, that he has received a complete classical education; and that he has, during at least three years, pursued his studies of medicine at an university or a college of acknowledged high rank. *Consequently, in absentiâ, and without a previous examination, no diploma can be granted.* Nor has the Medical Faculty any agents, either in England or elsewhere.

"If there be any diplomas existing under our name *in absentiâ* since 1846, we declare them to be forgeries. And, if any person maintains to be an agent commissioned by the said Faculty, and receives money for pretended services, and delivers diplomas, we declare him to be an impostor making a fraudulent use of our name."

### Prevention of Premature Burial.

The European correspondent of the *Scientific American* gives the following description of the room in which in some cities the dead are kept awhile to avoid too early burial:

"In Munich, as at Frankfort-on-the Main, they still practice the singular custom of keeping the remains of all deceased persons, or that are supposed to be dead, for a certain number of days to prevent premature burial.

"In a building at the entrance to the cemetery, the bodies are placed upon iron cots in a recumbent or half-sitting posture, and upon the wrists are fastened rings which connect with wires, and alarm bells hung in the adjoining rooms of the watchmen. Each cot is numbered to correspond with the numbers fastened under the bell, so that in case there should be the slightest motion of the body, in an instant alarm would summon the watch to the spot. In an adjoining room there is a bed carefully prepared, a bath tub, electric apparatus, and restorative medicines to be employed in cases of resurrection.

"At the time of my visit I counted the bodies of eight infants and eight adults, all serenely reposing in a profusion of flowers, and watchmen were sitting in solemn silence awaiting the click of the bell. In Frankfort not a single case of resurrection has yet occurred, but at Munich they had a case many years ago, so they say. Visitors view this ghastly spectacle from the outside, through windows which are common to all who have a taste for such sights."

*Every Saturday*.—The number of this excellent weekly re-print for this week contains two articles of interest to medical men, one on the late Professor Faraday, and one on the empiric miracle worker, the Zouave Jacob who has for some time been astonishing Paris with his extraordinary performances. Cannot the medical profession of Paris knock the bottom out of that tub as Professor Austin Flint and others did several years ago, in regard to the Rochester spirit-rappers?

—— The Princess of Wales, who is taking the waters and baths regularly, is improving daily in health. She is able to spend many hours in the open air, and drives out twice a day, usually with her children.

# Correspondence.

## DOMESTIC.

### Letter from New York.

**Reception and Address of T. Spencer Wells.**

New York, Sept. 20th, 1867.

Editors Medical and Surgical Reporter:

One of the most interesting and pleasing events which has recently broken the dull monotony of medical affairs in this city, is the very cordial reception which was tendered to the distinguished ovariotomist whose name heads this article, and whose fame is as widely spread as a knowledge of the operation itself. To speak of ovariotomy, and omit to mention the name of Mr. Wells, would be very much like playing Hamlet, with the part of Hamlet left out. Besides the qualities of intrepidity, caution, and original investigation, which are common to all pioneers in new and difficult surgical paths, the Doctor possesses an inexhaustible fund of amiability and good nature, which has rendered his name quite as celebrated in the social as in the medical world. Moreover, the Doctor thoroughly appreciates and heartily recognizes the genius and talent of the American profession, and especially admires the progressive element as the distinguishing feature of our medical institutions. Those who have had the pleasure of meeting Mr. Wells in his own city, have invariably brought back with them pleasant recollections of his professional courtesy and generous treatment. It was but meet and proper that his welcome here should be of such a nature as to remind him that the profession in America had not forgotten his many kindnesses. We are proud to say, for the honor of New York, that he was received right royally. As many of the profession as could be conveniently crowded into the Mott Memorial Rooms in Madison Avenue, were gathered together on last Wednesday evening. The supper was, of course, the main feature of the evening. I shall not attempt to describe it—adjectives would be weak and quite out of place. Suffice it to say, that a New York alderman could not have found fault with it. Mr. Wells was the great centre of attraction, and bore his blushing honors with appropriate modesty and meekness. To innumerable requests he gave the ready answer, "Yes," and finally engaged to deliver an address to the profession, in the lecture-room of the Bellevue Hospital Medical College, on the Friday following, at 11, A. M. This being duly announced, drew a very large audience to the appointed place this morning. At a few minutes after 11 o'clock, the distinguished lecturer appeared, accompanied by the faculty of the college. He was introduced by President Taylor, and after being heartily applauded, delivered a very interesting lecture upon the subject of

**Ovariotomy.**

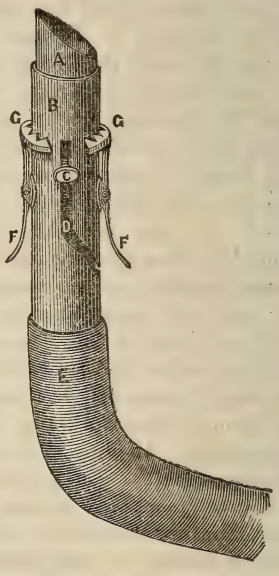
The lecture, in its way, was a model one. For clearness of style and conciseness in regard to subject matter, we have rarely heard it equalled. It is much to be regretted that the speaker was compelled to condense his experience upon this subject in one short address of less than an hour. But seeing that this had to be done, we do not know how it could have been better done in the short time allotted.

After a few introductory remarks, in which the speaker expressed his surprise and gratitude for the very cordial welcome he had received in this city, he congratulated the students present upon the very superior advantages they possessed for medical instruction. He believed they were fully equal, perhaps superior, to the schools of the continent in many respects. "We do not have any such lecture-rooms," said he, "in England as this. With the exception of the great hall in Munich, where Liebig delivers his lectures on chemistry, there is nothing superior to this hall, as a medical lecture-room in Europe." In England, the speaker said that we were only just beginning to find out how things were done in America. It had been suggested to him, when he asked the gentlemen who so kindly welcomed him here, upon what subject he should address the profession, that he might repeat some of the random observations that he had made on ovariotomy that evening. The Doctor was surprised to find that the same prejudice against the operation, as one being attended with great mortality, existed in this country as well as his own. He found, on conversing with Drs. Peaslee and Atlee, that they had to encounter about the same opposition as he did. With regard to mortality, he would say, that according to his own experience, it was about 28 or 29 per cent. He had operated on 228 cases. In the first hundred, the per cent. of deaths was 34; in the second hundred, 28 died; and in the third hundred, about 24 per cent. This mortality is by no means unusual in ordinary surgical operations. If the cases could be selected, the mortality would be far smaller; but very frequently patients insist upon the operation when there is only a very slight hope for a successful result. In cases where the prospects of success were slight, and

yet the patient wished for an operation, he had been in the habit of allowing the patient to decide. These "forlorn hopes," of course, swell the mortality, but under certain given, common sense principles, the operation is a comparatively safe one. In regard to the mode of operating, he would at first say, that there was something in preparing the patient for the operation. She should, if possible, be sent to the country, where plenty of fresh air and good food could be had. If kept in the city, everything around her should be as clean and comfortable as possible. Two days before the operation, the bowels should be well cleared out, and again on the morning of the operation, by an injection. A rubber sheet, fastened around the patient by adhesive plaster, with an oval opening in front, through which the necessary incisions can be made, will conduce much to the comfort of the patient by preventing the fluids of the cyst and abdominal cavity from wetting the clothes. Some operators advise a half-sitting position. There is no advantage arising from this position, and there is some advantage in the recumbent position. It is, therefore, to be preferred. With regard to the incisions, they have been made of various lengths. The earlier operators usually made them very long, so that the whole abdomen might be rapidly exposed. Later operators have used smaller incisions, generally just large enough to allow of the cyst being emptied of its contents, and then drawn out.

It is difficult in the present state of ovariotomy to make conclusions as to the difference in mortality resulting from these two methods of procedure. In my own practice, I have found that an incision of five or six inches is usually long enough. If we are obliged to exceed this *limit*, and go beyond the navel, the mortality seems to be increased. As a rule, the incision should be in the linea alba. Other incisions in an oblique and transverse direction have been recommended and have their advocates, but we have come to the conclusion that the incision in the linea alba is the best method for the removal of either, or both ovaries. In getting at the cyst, we usually have to go through a little subperitoneal fat, after which the cyst can generally be found without difficulty. If loose and free, it will not even be necessary to introduce the hand; but if there are adhesions to the abdominal walls, they will have to be gently separated by the hand. Abdominal adhesions do not add very materially to the risks of the operation. The adhesions to the pelvis are of considerable more importance, especially where they are connected with the rectum or bladder. In emptying the cyst, the common trocar and canula of a somewhat large size may be used, but finding considerable trouble in using this, I have devised the instrument which I now show to you. In using the ordinary trocar, some fluid is very apt to escape into the peritoneal cavity, but with this instrument, the cyst can be rapidly emptied, and afterwards drawn out without any such accident. It consists of a hollow tube about three-eighths of an inch in diameter, very much in the form of a pen at the cutting extremity. This hollow cutting tube slides into a guard, to which for the sake of convenience, a pair of sharp hooks, one on either side, is attached, with which the cyst can be seized and drawn out after being emptied. To the end of this is attached a long elastic tube by which the fluid may be led into any convenient receptacle.

The annexed figure may serve to give the reader some idea of this very ingenious arrangement.




At A is the hollow cutting tube, sliding into the guard B. At C is a small handle which is attached to the cutting tube A. This handle playing up and down in the slot D of the guard, allows the cutting extremity to be withdrawn into the guard after the purchase has been made in the cyst; when the cyst is nearly emptied, the thumbs applied at F. F. raise the hooked extremities G. G., until a portion of it is included, on being let down the sack is tightly grasped, and can be drawn out.

Supposing now the sack to be removed, the

question occurs what shall be done with the pedicle? There are two leading methods of treating the pedicle. One may be called the extra peritoneal, and the other the intra peritoneal. In the one the pedicle is brought out external to the wound and there retained; in the other, it is returned into the peritoneal cavity. Of these two methods, experience is decidedly in favor of the first. By whatever mode it is carried out, the results, on the whole, seem to be much better.

But there are certain cases in which the latter method is to be preferred. I think there is no doubt that when the pedicle is long enough, it is far better to carry it outside of the peritoneal cavity, and the best method to secure it there is the clamp. It is easily adjusted, and after the parts have been cut off above it, I usually apply a little perchloride or persulphate of iron, which acts both as a styptic and deodorizer. Suppose, however, you decide in a case where the pedicle is short, that it would be better to return it into the cavity. In these cases the ligature must be used. The ligature has been applied in a number of ways, and there are no very reliable statistics to tell us which way is the best, but we have come to the conclusion, that in cases where we may expect a certain amount of sthenic inflammation, that it is better to cut the ligature off short, and return the pedicle. In cases of weak constitution, it is better to bring the ligature out of the wound, so that a certain amount of drainage may be established. Better than either of these is the combination of the clamp and cauterization. The pedicle is first secured in the clamp, tightly compressed, and after being cut off, seared with the actual cautery, It is then cautiously opened, and if any vessels yet bleed, they can be secured with the ligature.

After cleansing the peritoneal cavity, we come to the closing of the external wound, which may be done by various methods. The only question of importance just here is, shall the peritoneum be included in the sutures, or not? By numerous experiments upon animals, the speaker felt satisfied that but one answer could be given to this question—the peritoneum should always be included in the sutures. The after-treatment of these cases is usually extremely simple.

In giving opium, a dose sufficient to allay the pain is generally enough. It is not often that large doses of opium are necessary; I have seen cases where no opium at all was given, and the patients did very well, making a good recovery. In giving opium, it is better to give it by the rectum, reserving the mouth for food and drink. The after progress of these cases is most encouraging. In cases where only one ovary is removed, the other will be found quite sufficient for generative purposes; sometimes the disease attacks the remaining ovary, and this has been urged as an objection to the beneficial results of the operation. The same objection might be urged with equal force in those rare cases where after an eye or testicle has been removed, disease attacks the remaining organ.

The doctor, after concluding his remarks upon ovarian surgery, expressed the hope that the young gentlemen now present would avail themselves of the great advantages they possessed for instruction, and prove of even more benefit in their day and generation than their instructors have been in theirs.

Professor Wood then announced that Professor Stone of New Orleans would address the profession of New York on Monday next, at 10 A. M. in this hall. M.

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### Some Ethical Inquiries.

Editors of Medical and Surgical Reporter:

I am in a quandary and apply to you for information. Believing the Medical and Surgical Reporter one of the exponents of the present views of the profession, I respectfully propound these questions:

May an honorable member of the profession *honorably* prescribe, and use in his practice such articles as "*McMunn's Elixir of Opium*," the "*Elixir of Bark and Iron*," the *Elixir of the Protoxide of Iron, with Rhubarb and Columbo*," etc., etc.?

If you say *no*, why, then is it, that we find the names of such persons as the resident physicians of the Bellevue Hospital, and the New York Hospital appended to testimonals in their favor? If you say *yes*, to the first query, what then is the position of those persons who manufacture these articles; as, for example, "Dr. McMunn" who claims to have made a valuable discovery in the preparation of opium, but refuses to communicate it to the medical world?

Should the profession patronize and enrich such men, by recommending and using their preparations? They pretend to give us the constituents while they withhold the process of manufacture. The American Medical Association said something in relation to this as reported in the Reporter of May the 25th, but it was indefinite and unsatisfactory. Hoping that the editors, or a correspondent of the Reporter, will be generous enough to enlighten me.

I remain, etc.

M. W. Clendinen, M. D.

*Rockwood, Illinois.*

[The writer of the following communication is a widely known, respected, and distinguished member of our profession in New York, not a resident of New Lebanon, though writing from there. He has no object whatever except a desire to serve his profession, in the statements he makes respecting a laboratory, in which he has no interest except such as is common to every intelligent, scientific physician.—Eds. Med. and Sur. Reporter.]

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**Meeting of the Medical Society of the Berkshire District, Mass., and the Columbia County, N. Y. Medical Society at New Lebanon, N. Y.**

This beautiful watering place was yesterday honored with the presence of about one hundred medical men; some from abroad, but most of them members of the medical societies of the Berkshire District, Mass., and Columbia Co., New York. Most of the members came in their own private conveyances, many also by rail to Canaan, and thence by stage six miles to Lebanon. Another year, the new railroad, now under contract, connecting the Harlem and Vermont roads through to Montreal, will be completed; when this splendid country, not inferior to the finest parts of Switzerland, in the beauty of its scenery, will become easily accessible, and the finest watering place in the country better known.

The joint societies met at the Columbia Hall, at eleven o'clock, A.M., when nearly one hundred members were found to be in attendance. Henry H. Childs, M. D., of Pittsfield, the Nestor of medical science of this whole region, was called to preside, and Prof. Paddock, of the Berkshire Medical College, acted as Secretary. Several interesting communications were made, and cases detailed, which led to animated discussions. Among others, Dr. Hachenback, a German practitioner from Hudson, communicated a case, similar to that of Dr. E. Krackowizer of N. Y., (*The Medical Record*, N. Y., Sept. 1st, 1867, p. 297), where the uterus was extirpated by mistake for ovarian tumor. This gave rise to some severe strictures on the part of Prof. A. B. Palmer of the Berkshire school, and others in regard to the frequency of operations for ovarian tumors, and the rashness with which such hazardous operations were often attempted; expressing the opinion, that many fatal cases of this kind were probably never made public. There appeared to be a general concurrence of those present, in the justice of these strictures, though ample credit was given to Drs. K. and H., for their candor in communicating their unfortunate cases to the profession.

This was succeeded by a long and animated discussion on the comparative merits of chloroform and sulphuric ether, as anæsthetic agents; Prof. Palmer advocating the superior claims of the latter, especially in point of safety, stating that, as yet, there had never been a case of death reported, as resulting from its use. This statement was denied by others, who affirmed that many deaths had resulted from its use—that the deaths from chloroform had been in most if not all cases, caused by careless administration,—that the previous use of some alcoholic stimulant, was an effectual safeguard against any danger from its employment, and that the use of properly constructed inhalers, like that of Dr. Snow of London, was in all cases the safest, as it secured not only a due proportion of atmospheric air, but also regulates the *dose*, with perfect percision and accuracy; a matter of the utmost importance where so potent an agent as chloroform is given, and which is entirely overlooked in the present mode of administering it. The *medical uses* of chloroform were also discussed, especially its great importance as an *antiperiodic;* in which it was claimed by some of the speakers that it possessed a specific power superior to that of any known agent. The discussions continued till the hour of three o'clock, P.M., when the members adjourned to the large dining-room of Columbia Hall, by invitation of the Messrs Tilden, to dine with them at that hour. The following card of invitation had been previously sent to all the members of the two societies, including also many gentlemen from abroad, not belonging to the profession.

"COMPLIMENTARY DINNER
TO THE
Berkshire District Medical Society,
AND
Columbia County Medical Society,
BY
Messrs. Tilden,
AT
Columbia Hall,
*Lebanon Springs, Sept.* 11, 1867."

Prof. H. H. Childs presided at the table. A more elegant and sumptuous repast, furnished with all the substantials and delicacies of the season, (without regard to expense, as the phrase is,) and enlivened by exhilarating music, has rarely been gotten up, either in city or country, as you can judge yourself, from the enclosed ample bill of fare. Wines of the choicest brands were furnished in profusion; but, judging from the temperate manner in which they were used, and the entire abstinence of many of the members, we should think it would be difficult to find, among an equal number of men of similar standing, the same degree of temperance as we observed on this occasion.

After the cloth was removed, a regular series of toasts were given; the first, complimentary to

the Messrs. Tilden, their princely hosts, for their pioneering the way in the United States, in the establishment of the first manufactory of pure and genuine medicinal preparations, and their perseverance, in spite of many obstacles, in overcoming all difficulties, till, at last, their efforts have been crowned with complete and triumphant success. To this toast, Henry A. Tilden, though laboring under a severe indisposition, eloquently, but modestly, responded, and left it to others, who possessed the information, to give a more detailed history of their establishment. Several other eloquent speeches were made, particularly by the Rev. Dr. Todd, of Pittsfield; Hon. Mr. White, Superintendent of Public Instruction for the State of Massachusetts; Dr. H. N. Sabin, of Williamstown; Drs. Childs, Collins, and Palmer; Hon. Mr. Plunket, of Pittsfield, and others.

After dinner, the company were conducted through their extensive drug manufactory, by Mr. H. A. Tilden, who pointed out all the processes employed in every department. It is no more than justice to these gentlemen to say, that the utmost order and neatness pervaded every part of their extensive works, and that such is the system and the safeguards employed, that it is next to impossible that any mistake should occur, either in labelling the different preparations, or in any other manner. The members of the societies present expressed the highest gratification at the opportunity of inspecting the various processes employed in the preparation of the medicines which they had so successfully used for many years past.

The readers of the Reporter, in conclusion, need hardly be told that the Messrs. Tilden were the first manufacturers in our country who introduced the *vacuum pan* and *steam of a low temperature* (110°—120° F.) in the preparation of solid and fluid extracts. Previously to that, (1849,) these medicines had been prepared in open vessels, exposed to the atmosphere, by which the active principles were altered or entirely dissipated. Such were the Shaker's extracts.

By using the utmost care in selecting the crude materials, both domestic and foreign, and by the most approved and scientific processes, under the skilful superintendence of M. Dussauce, of the "Polytechnic Institute," of Paris, the Tildens' preparations have gained the first rank among medicines of a similar kind, and command the entire confidence of the profession, both in the United States and in foreign countries, where the demand for them is constantly on the increase, especially in Great Britain. But their establishment not only turns out the most reliable medicinal preparations, but it furnishes a much larger amount of them, we believe, than any similar manufactory in the world. An examination of their books, which we were politely allowed to make, at our leisure, shows that they annually use about one million of pounds, or five hundred tons of crude material in the manufacture of their medicines, much of which, as of rhubarb, ipecac., jalap, colocynth, scammony, etc., is imported; but a still larger amount is of indigenous origin. The Tildens, as you know, have appropriated nearly one hundred acres of land to the cultivation of indigenous medicinal plants, and by their careful experiments in the use of different fertilizers, they have discovered what is best suited to develope the largest amount of the active principles of each vegetable, and what other circumstances of soil, climate, etc., are best suited to their perfect growth.

But besides the numerous preparations of our indigenous materia medica, (and we may state, that we find in their catalogue one hundred and twenty-nine different solid and fluid extracts, of which ninety-four are from vegetables indigenous to our country,) they manufacture a large quantity of sugar-coated pills and other preparations of the U. S. Pharmacopœia. Of these, we noticed twenty different varieties, and one hundred and fifty-two others, made after select formulæ of the most approved works, as Griffith and Thomas, Beaseley, etc. Every new medicine or preparation of any value, is at once made and sent out from their establishment; and among these may be mentioned, as worthy of special commendation, the "Ferrated Wine of Wild Cherry," "Fluid Opium Deodorized," "Pyrophosphate of Iron," "Hypophosphite Ammonia," "Citrate Iron and Strychnia," "Tannate Bismuth," "Elixir Valerianate Ammonia," "Elixir Calisaya and Iron," etc.

The *chemicals* prepared by the Tildens, as you can testify, will compare favorably with the best English and French preparations of the same kind, and are put up with equal neatness and elegance. The same remark will apply to their preparations, especially their solid and fluid extracts, which now may be said to command the market, according to the testimony of the medical gentlemen who met in session here to-day. In no instance have the preparations of the Messrs. Tilden failed in producing the desired or expected effect; a degree of proof which ought to satisfy every reasonable mind.

It may be stated also, that, in addition to supplying the medical profession of the United States with reliable medicines, they publish an excellent monthly journal of materia medica, devoted to discussions of the various articles used in medicine, general intelligence, new formulæ, etc., at the low rate of one dollar per year. Of this publication, more than twenty thousand are regularly sent out, the printing, engraving, etc., being all done in the establishment. They also have published a "Book of Formulæ," containing over five hundred formulæ for the immediate preparation of tinctures, infusions, wines, mixtures, pills, etc., from their solid and fluid extracts, (price 50 cents.) They also send free to all physicians, on application, a "Supplement to Journal of Materia Medica," (160 pages, 8vo.,) embodying a comprehensive digest of the therapeutics of their several medicinal preparations, together with their contra-indications, incompatibles, and antidotes. These are all printed in the establishment, and are issued in elegant style.

These items of medical intelligence are communicated merely as matters of interest to the profession, for, as you well know, the writer has no other interest in the establishment, except as a member of the medical profession who sincerely desires its welfare and prosperity. From what has been observed and learned here to-day, it is most evident, that the Messrs. Tilden deserve and enjoy the respect, the confidence, and the gratitude of medical men, and that they may long continue to do so, is the sincere wish of a

Medical Observer.

*New Lebanon, N. Y., Sept. 11th*, 1867.

# News and Miscellany.

### Miraculous Cures.

We give the following newspaper story of the Zouave Jacob for what it is worth.

Paris has a new sensation of a most extraordinary character. One Jacob, a soldier in a Zouave regiment, is working miracles of healing, merely by the power of his eye. Numerous witnesses testify to the efficacy of this marvellous ocular influence, among whom the Count de Chateau-Veillard, who is quite enthusiastic in his testimony about it. The Count, who was paralyzed, narrates in a published letter how he was conveyed from his carriage up a long, dark, dirty court, by his valet and an artisan, into the presence of the wonder-working Jacob, whom he found surrounded by lame, blind, halt, and maimed, all waiting to be healed. When taken into the apartment, he lay in a perfectly helpless state, but Jacob, looking at him, told him to rise and walk, and to his astonishment and delight, he found himself able to do so, and returned to his carriage with elastic step. The neighborhood of Jacob's residence presents quite a scene, the street being crowded with people, who from pavement, and windows, and house-tops, loudly cheer the cured as they leave the Zouave's domicile. It is declared that Jacob has completely cured Marshal Forey of paralysis of the left side. According to the French law, Jacob, not having taken his degree as a physician or surgeon, is not allowed to receive even the smallest remuneration for whatever cure he may effect.

### Mr. Spencer Wells in New York.

Mr. Spencer Wells of England, who was always noted for his attention to Americans when abroad, was received on the evening of the 18th, at the Mott Memorial Library Rooms, by Drs. B. F. Barker and A. B. Mott, in behalf of the medical faculty of New York. At 10 o'clock, the company sat down to a sumptuous supper, and after the inevitable toasts and speeches, and happy repartee, at midnight the party dispersed. Among the company were Professor Stone of New Orleans, Dr. Bayard of the British provinces, Dr. Fitch of Portland, Maine; Dr. Bozeman of Mobile, Alabama; and Dr. Nicolayson, who was sent here by the King of Norway to investigate medical subjects in this country. In all, the guests numbered 125.

### Homœopathic Life Insurance.

Dr. Millard, of Aurora, Illinois, who has taken the trouble to look up the prospectuses of the homœopathic life insurance companies, makes the following remarks on one of them, (*Medical Examiner:*)

If the Albany company makes up its dividends honestly, in its two sections, we confidently predict that the patrons of regular medicine will receive greater profits, by at least fifteen per cent., than the patrons of homœopathy. Instead, therefore, of being hurt by this new opposition, we expect to be greatly benefited by it. Haman may swing again upon his own gallows.

### Poisoning by Chlorine Vapor.

Professor Maisch says that a direct antidote to the poisonous effects of the inhalation of chlorine is sulphuretted hydrogen, the halogen combining instantly with the hydrogen, liberating sulphur. The professor has tried it himself after accidentally inhaling chlorine, and obtained immediate relief. The same remedy would doubtless be effectual in cases of bromine poisoning.

—— In English factories during the half year ending with the close of April last, there were 2390 accidents. Forty-four of these cases resulted fatally, and more than six hundred persons had fractured limbs, or else had to have them amputated.

Dr. Henry R. Mills, of Detroit, has received the appointment of Post Surgeon at Fort Mackinaw, Michigan.

*[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]*

## MARRIED.

McCREA—MILLER.—Sept. 24th, by the Rev. Geo. J. Brensinger, at the residence of the bride's father, Ab'm McCrea, M. D., and Miss E. S. Miller, all of Berwick, Pa.

NEELY—MURPHY.—On the 4th inst., by the Rev. Robert Gamble, Dr. S. F. Neely, of Russellville, Chester co., Pa., and Miss M. Annie Murphy, daughter of Colonel George Murphy, of York co., Pa.

REED—MEAD.—In New York, Sept. 11th, by Rev. W. W. Newell, D. D., Ebenezer Reed, M. D., and Miss Almira Mead, of New York.

TREADWELL—BROWN.—At Concord, N. H., on Tuesday, Sept. 17, at the residence of the bride's father, by the Rev. Prof. Henry E. Parker, of Dartmouth College, Dr. Passmore Treadwell, of New York city, and Miss Hattie H. Brown, daughter of John F. Brown, Esq., of Concord.

## DIED.

ADAMS.—At Galveston, Texas, of yellow fever, Sept. 9th, Samuel Adams, M. D., Ass't Surgeon U. S. A.

GORDON.—At Rawley Springs, Va., Sept. 7th, Newton, infant son of Dr. J. N. Gordon, of Harrisonburg, Va., aged three months.

LIVINGSTON.—Of typhoid fever, in Centreville, Butler co., Pa., Aug. 24th, Mrs. E. F. Livingston, beloved wife of Dr. J. B. Livingston, and daughter of Rev. T. G. and Jane McCreary, aged 32 years.

MOTT.—In Newport, R. I., 6th inst., of dysentery, at the residence of his father in Whitefield Court, Marion Percy, eldest son of Dr. Valentine Mott and Anna Mercer Francis, of New York, aged one year, eight months, and three days

TAGGART.—In Jersey City, N. J., on the 15th inst., the result of a second amputation of the leg, Dr. Charles Taggart.

## OBITUARY.

### Dr. Charles Taggart.

At a special meeting of the Hudson County Medical Society, held at the office of Dr. Varick, in Jersey City, on the 16th inst., the following resolutions were adopted:

*Whereas*, It has pleased Almighty God to remove from our midst our worthy brother, Dr. CHARLES TAGGART, who for many years was associated with us as a member of our society; therefore be it

*Resolved*, That this mournful event has deprived us of one whose honorable and generous character had won our esteem, and that, while we monrn his loss, we bow in humble submission to the will of God.

*Resolved*, That a copy of these resolutions be published in the *Medical Record* of New York, the *Medical and Surgical Reporter* of Philadelphia, and the papers of Jersey City.

T. R. VARICK,
E. W. BUCK,
M. A. MILLER,

## METEOROLOGY.

| September, | 9, | 10, | 11, | 12, | 13, | 14, | 15. |
|---|---|---|---|---|---|---|---|
| Wind | N. | S. E. | N. W. | N. | S. W. | N. | N. E. |
| Weather | Cl'dy. | Cl'dy. | Clear. | Clear. | Clear. | Clear. | Clear. |
| Depth Rain | | | | | | | |
| *Thermometer.* | | | | | | | |
| Minimum | 61° | 61° | 50° | 52° | 56° | 63° | 50° |
| At 8, A. M. | 65 | 69 | 58 | 60 | 66 | 67 | 55 |
| At 12, M. | 66 | 70 | 65 | 72 | 75 | 69 | 67 |
| At 3, P. M. | 67 | 70 | 67 | 72 | 76 | 70 | 66 |
| Mean | 64.75 | 67.50 | 60. | 64. | 68.25 | 67.25 | 59.50 |
| *Barometer.* | | | | | | | |
| At 12, M. | 30.2 | 30.3 | 30.2 | 30.2 | 30.1 | 30.3 | 30.3 |

*Germantown, Pa.* B. J. LEEDOM.


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One Five " " " ..... 4 50
One Eleven " Carboy, " ..... 8 00

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551—

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THE

# MEDICAL AND SURGICAL REPORTER.

No. 553.] PHILADELPHIA, OCT. 5, 1867. [Vol. XVII.—No. 14.

## Original Department.

## Communications.

### THE SOFT-SOLID AND "STILL LAYER" DIVISION OF THE BLOOD.

By Prof. Rufus King Browne, M. D.,
Of New York.

In no other way, as I conceive, than by the rapid coursing of the red-blood-globules *through* the plasma, can the process of the transit and delivery of oxygen be carried on, unless we suppose the fluid portion of the blood alone to imbibe the oxygen from the air-cells of the lungs, as a stream may carry something away from the external side of its inclosing banks.

If this were the case, no mixture of oxygen could take place uniformly throughout the different parts of the stream.

But it is acknowledged that the red-blood corpuscles are the agents for receiving, carrying, and delivering it to the various parts where it is used, and to account for this it is requisite, not that they should passively float in the stream, propelled as the particles of the fluid column are, by the propulsive contraction of the heart, but that they should course rapidly through the stream, to become partially de-oxidized, or to deliver the oxygen throughout the lines of their advance, thus securing its perfect distribution, which is not conceivable on the old uncertain notion of their passivity.

In fact, it is this *partial* oxidation which they undergo in the lungs, to which is attributable their active movement.

This oxidation and partial de-oxidation, or parting with their oxygen, they regularly undergo, alternately and consecutively throughout their round, in different parts of the circuit, oxidation in their transit tide of flood through pulmonary capillaries, and de-oxidation in the general or systemic. In the latter they impart the surplus oxygen equally throughout to the volume of plasma, or fluid portion of the blood, becoming thereby partially de-oxidized. From the general system they again pass to the lungs, to absorb their fullest amount of oxygen.

The red color of the blood is entirely due to the red corpuscles, and these contribute to the blood its most important characteristics, and the difference in color between arterial and venous blood is caused by alternation in the material of which the red-blood corpuscle is composed. It was formerly considered that this matter consisted, chemically speaking, of two substances, hæmatine and globuline, but in reality there is but one, readily decomposed. A solution of this substance produces peculiar absorption bands in the solar specluum. This colored matter is known to be capable of existing in two degrees of oxidation, and a different spectrum is induced, according as the substance is in a more or less oxidized condition.

In venous blood there is every reason to believe, that part of this substance exists in its purple or less oxidized condition, and that this, in the form of the globules, in passing through the capillaries of the lungs, is re-oxidized and converted into scarlet in the globules.

Careful spectral analysis of the substance of the blood, the cruorine, shows that in one state, *i. e.*, in the arterial system, the substance of the red-globules is in a high state of oxidation, and in the venous system, in a low state of oxidation.

The red-globules, therefore, in virtue of their free and rapid movement everywhere, coming into contact thus with every particle of the plasma, keep it highly oxidized. This motion is, in fact, a necessary condition of the free imparting of their oxygen.

It is the plasma, from which the stream of blood regularly yields oxygen to the tissues, and this in virtue, not of the transudation or diffusion through the capillary, of the oxygen directly from the globules, but of the oxygen contained in the plasma, which regularly transudes through those walls into the tissues.

No red globule ever really comes nearly in contact with the tissues, even of the vessels themselves, and therefore, cannot impart their oxygen to the tissues, while the plasma does regularly transude to bathe the elements of the tissues

at all points uniformly, and supply their nutriment.

In the continual process of doing this, it supplies the pabulum for the tissues. Both oxygen and plasma are needed simultaneously, for a double purpose, viz., first, the oxygen reducing the worn particles for removal; and, secondly, the pabulum, particles of which are to supply the waste.

These processes must take place in precisely this order at one and the same period.

There are several processes in human physiology, of the exact character of which we are very uncertain, which can be accounted for by no other physiological phenomena or event than this, namely, the difference between the rates of its fluid, and of its red soft-solid bodies.

It is generally known that the *character* of the flow of the whole blood is different in different parts of the vascular system. First, that it is quick in the arteries. Here the whole column is pushed forward at each change thrown forward by the heart. It is much slower in the capillaries, and still slower in the large veins; and this is true of the blood *fluid* or plasma, for, always without exception, that rate of flow is not doubted to be identical for both the red corpuscles and fluid portion. But in reality, the plasma does not flow at the rate of the red-globules. The rate of the former is marked by the white globules, which are seen to glide slowly or hesitantly, as compared with the red, along in the circumferential part of the stream, and to occasionally move *along* some point of the inner surface of the capillary wall.

Really then, when a red-globule is retarded in a capillary stream by others preceding it entering from another capillary stream, the fact needs but to be truly understood, to make it apparent that the red-globules, in advance of a certain line or point, may cause delay in those just behind it, and thus an accumulation arises.

The units of the accumulated mass move slowly forward, from one end of the column to the other, until they reach a point where the most forward elements of the column are either impelled forward, or their rate of advance increased from some other incident, and the red-globules separated from each other to resume their usual flow.

This, in fact, regularly takes place at the cardiac end of the venous column, and the impulsion which clears them is given by the venous cavities of the heart.

It is well known that the character of the blood is not the same in the arterial and venous systems, and also that its constitution varies from time to time, being in fact not precisely the same blood at one time as at others.

During every term of digestive absorption, large additions are made to it, through the lacteals, of the fluidified food.

There exists the greatest uncertainty as to the exact character morphologically, of the human red-blood corpuscle. The general opinion is that it is a cell with red contents, the nucleus of which has disappeared, or that it is a free nucleus of a cell. But I have repeatedly shown that it has no cell-wall and only resembles a cell in its shape. For example, the entire red-corpuscle of the guinea-pig will rapidly crystalize in tetrahedral crystals, and subsequently the crystals will coalesce, showing the entire absence of any of the structures, or any of the distinctive material of the cell. Beside, the *majority* of the red-blood corpuscles cannot be tinged with carmine, while the nucleus of a cell is always deeply colored when treated with carmine. But, on the other hand, the *smallest* of the red-blood corpuscles can be colored by this means, and those are undoubtedly *young* red-corpuscles. The red-blood corpuscles are perpetually renewed, and as constantly disappear by a process not of disintegration, but of dissolution *a finale*, which is due to its recurrent oxidation and partial de-oxidation. The difference in size I have named, marks the difference in its stages of growth.

In the lymph canals, and passages in the intervals of digestion, there may always be seen small corpuscles of the same character, which may always be readily colored, and these undoubtedly grow to be full, complete corpuscles. And there is little doubt that they are constantly renewed in this way.

The facility with which they will break up and disappear under the action of the fluid and heat has been shown by Max Schultze, and if they be slightly pressed by a grinding motion between two glasses, they will be converted into a viscous amorphous mass; showing also in this way that they possess none of the structure of a cell, and showing their fitness to pass into a state of dissolution.

These characters of the reb-globule appear to me to accord with the facts I have stated, of its *rôle* in the circulation.

What we *see*, we rarely, at first, identify the true *character* of, as a fact, because the eye recognizes only the material form, etc., of the object, while the true character of the relations of the object to others, is discerned or given only

in a correct perception or apprehension of the fact, which latter is mental.

Since the time of Harvey, not only has the greatest uncertainty existed as to the particulars incident to the movement of the substances and forms involved in the circulation, but the most striking confusion, inaccuracy and contradiction exists in the accounts given of the "supposed" facts.

1. Sometimes, for instance, a "still layer" is represented as a fact. 2. Sometimes this "still layer" is attended to as if its existence were uncertain and doubtful. Sometimes it is represented that this "still layer," which this time is an indubitable fact, is accounted for by capillary attraction, which keeps it stationary, and sometimes capillary attraction* is cited as the sole cause of the circulation, [*Draper*]; sometimes in this latter case, the *liquid*—excluding rate of globules,—is represented as moving only in the central portion, while again it is said "the plasma occupies the portion *next the walls of the vessels.*" Sometimes it is represented that the corpuscles are "floating in a plasma, which forms a *distinct layer* next the walls of the vessel," which indirectly states the idea that there is no plasma in the arial portion of the tube, and no corpuscles there. Sometimes it is stated that in vessels of considerable size, as well as the capillaries, the "corpuscles occupying the central portion," move with much greater rapidity than the rest of the blood, leaving a layer of clear plasma at the sides, which is *nearly immovable*,"—[*Flint, Human Physiology*,] thus ignoring the drawing a line of distinction between the fluid occupying the central portion, as well as other parts, by mentioning only the corpuscles there;—and sometimes the corpuscles are represented as "carried along with the central current," but whether this "amount" is of both fluid and corpuscles together, is not hinted.

Finally, sometimes a distinction of a certain character between the plasma and soft-solid or red and white corpuscular elements is drawn, and sometimes this very distinction just made, is ignored in the presence of a distinction of a conflicting character. The error of observation in the case of the rate of the blood, is easily explained by the aid of the facts I have presented.

Observing the rapidity of movement of the red-corpuscles, and confirmed in our first understanding of that observation by our *supposition* of a "still layer" of plasma on either side, we have supposed the rate of the red-globules to be that of the whole stream of blood both plasma and solid, *except* the "still layers." That portion of the plasma which moved at a different rate from the "still layer" of plasma, said to be "distinct" from the former, was the portion between each of the globules, occupying with them the central part of the tube. The distinction we based upon the observed rate of the globules, was one between this "still layer" at the sides, and the rest of the blood, both fluid and corpuscular, elsewhere in the vessels. And though from inaccuracy of statement, authors sometimes describe as I have cited, the corpuscles as in the centre of the stream, moving with marked rapidity, as compared with the "still layer," they do not mean to exclude from moving with and at the same rate as the corpuscles everywhere between them, a certain portion of the plasma itself, not at the sides.

But, *in reality* this "still layer" is an *error of sense*. *All* the plasma in the blood-channels move. It is only by means of the soft-solid bodies of the blood, or other separate particles in the fluid, that we are enabled to recognise the movements or flow of an otherwise homogeneous fluid. Deprive the plasma of these particles or equivalent bodies, and we should not be able *by sight*, to recognise its motion or flow at all. It is only where such bodies are shifting from point to point, backward and forward in the fluid, that we are enabled to see or directly recognise their motion. What we recognise in the case of the tide of the blood, is the *movement* of the corpuscles. And hence in those portions above them are no such bodies, as where the "still layer" occupies, we see *no motion, i. e.* moving bodies.

Remove the corpuscles from the central portion also, precisely as in the "still layer," the volume of plasma throughout the calibre of the vessel, will be a "still" volume. Whether it be real moving, so far as the sensation of sight is concerned, can only be ascertained by placing in it particles of matter, which if borne along in motion, will *either* be moving of themselves, or moving as *moved by the* fluid they occupy. As we cannot *see* the fluid *distinct from the globules* move, our

* Various Physiologists adduce the physical experiments of Pouseville with tubes, illustrative of "capillary attraction," as accounting for the production of this "still layer," this (hypothetic) attraction being assumed to exert a *resisting* influence upon the *passage* of a fluid through a capillary tube, beside an attractive force which causes it to enter such tube a certain distance;—while Draper *cites this same "capillary attraction" to account for the entire circulation.* On the one hand it is alleged that a power ("capillary attraction") which actually *causes* the passage of a fluid into the hollow of a fine tube, becomes an obstacle to the further passage of the same fluid.

conviction that it does, must be an apprehension or inference, not an *event* of eye sight.

And yet in ignorance of this fact, and because we *saw* the globules move, and did not see that portion of the plasma containing none move, we have named it the "still" or "immovable" layer.

In fact this portion of the plasma called the "still layer," does move continuously. In the central portion where it flows between the globules, its movement is modified or hastened by the rush of the train or column of globules—but the volume along side also moves continuously. Its rate of movement is slow comparatively.

We who never suspected that the soft-solid bodies of the blood moved, except as *moved by* the fluid, yet observed again and again the fact that the white corpuscles move *in* this layer, and yet call it "immovable." The fact *disproves* our theory of such an arrested or stationary part of the blood, which we speak of as a "distinct" layer, thereby alleging a definite line of demarkation or separation, between, the blood fluid which occupies the centre and that which adjoins the sides of its channels, designating as two separate bodies of fluid—one moving through the other which is stationary.

More than this, there are, it is well known, capillary aræ, where the entire calibre of the vessel, is filled with globules, and no "still layer" exists. And there are many parts of the capillary system, all those subject to periodical congestion, where the plasma adjoining the sides of vessels, is regularly displaced, and the capillaries contain no other fluid blood than that between the globules. The same phenomenon occurs in blushing and similar sudden congestions, which even if *caused* by an act, involve the *displacement* of the "still layer" of plasma, and the full distribution throughout the calibre of the capillary, of the red-globules, and the plasma between them.

### The Alcoholic Treatment of Pneumonia.

MM. Béhier and Jaccoud have employed rather extensively the treatment of certain kinds of pneumonia initiated by Dr. Todd, consisting of the employment of 100 *grammes* of brandy. This quantity may be increased to 150 *grammes* for men without inconvenience. It is better, when administering it to women, to commence by giving fifty, an to increase gradually to eighty *grammes*, not overstepping that quantity. As soon as the adynamia is decreased, and a real amelioration becomes manifest, the dose should be lessened. but never suppressed at once, as a recurrence of collapse, which it would be difficult to arrest, would seriously prejudice the result. In order, as far as possible, to prevent this relapse. M. Jaccoud gives, after the brandy, Bordeaux or Burgundy wine in daily doses of 200 to 300 *grammes*.

## ON THE MEDICINAL PROPERTIES OF THE GETTYSBURG MINERAL SPRING.

By John Bell, M. D.,

Author of a Treatise on Baths, and of an Account of the Mineral and Thermal Springs of the United States and Canada.

[Concluded from p. 266.]

A few words on lithia, as a comparatively new article of the materia medica, will not be out of place in this connection. This the third alkali closely approaches in some of its chemical characters, to potash and soda, in others to magnesia and lime. One of the most remarkable properties of lithia is that of rendering uric acid soluble, and hence when mixed with urate of soda, it decomposes this latter and unites with the uric acid, forming a soluable urate of lithia, and leaves the soda free. Dr. Garrod in his valuable treatise on gout, relates an experiment made by placing in a watery solution of lithia the end of one of the bones of the hand (the metacarpal), which was infiltrated completely with gout deposit. In the course of two or three days the whole of this deposit was dissolved. The advantages claimed by this writer for the salts of lithia, are their highly alkanised property, their solvent power for uric acid, or the urates, and their administration not being attended with any injurious consequences. The carbonate or other salts of lithia should be largely diluted, a condition provided for by nature in the Gettysburg water. Lithia is not foreign to the human body; it has been found by means of spectrum analysis in the ashes of blood and flesh, but in extremely minute quantity. It is contained in small fractional proportions in the mineral springs, both cold and thermal, of Germany, and in those of Vichy in France. In giving these particulars respecting lithia, it must not be supposed that we overlook or underrate the remedial value of its associate, soda. This alkali is found in so much larger quantity that not a little of the efficiency of the Gettysburg water depends on it. The only other mineral spring in the Atlantic States which approaches the Gettysburg in this respect, is the Bladon spring of Alabama, the water of which holds in solution between four and five grains of carbonate of soda to the pint.

As illustrating the benign effects of the Gettysburg water in dyspepsia, the case of a lady living near the town may be cited. She had been afflicted with "stomach disease or dyspepsia in one of its most terrible forms for twenty years." Such was the state of her stomach for may years that she was unable to drink tea, or coffee, or any

other liquid, even common water itself without vomiting, and could barely take nutriment of any kind in quantity enough to sustain life. She was gradually reduced to a state of extreme emaciation, and was so weak as to be unable to sit up in a chair. Her malady was aggravated still farther by pains and great depresssion of spirits. Recourse was ultimately had to the Gettysburg water, of which she drank for some months, and found, among other discoveries, that it was the only thing that would sit on her stomach. Under this course the lady regained entirely her health. We can well appreciate her joy when she says, in the exuberance of her feelings—"It has proved to me a veritable water of life."

The ex-member of Congress, whose case has been already described, relates of his wife that "she was cured of a similar disease accompanied with severe headache, by the water." Even were direct evidence wanting, we are quite safe in attributing to the Gettysburg water, ameliorating, and if taken in due time, curative effects in diseases of the kidneys in which calculi or gravel of uric acid are formed and discharged. In irritable bladder, that troublesome and painful malady, it will be found a valuable remedy. Dr. O'Neal, Physician and Surgeon to the House of Industry and the Jail of Adams County, and for twenty-five years engaged in the practice of his profession, says, that the Gettysburg waters "have acquired an enviable celebrity for the relief and cure of rheumatic affections, gout and diseases of the kidneys and urinary organs." A citizen of Gettysburg gives a statement of his having been greatly relieved in his troubles from dyspepsia and irritable bladder by the use of the water.

The manifest sanitary influence exerted by the Gettysburg water over dyspepsia, naturally prompts to some remarks on the proteiform character of this disease. Imperfect and disordered digestion, which is called dyspepsia, is attended by a host of symptoms, but the smaller number of which are directly referred to the state of the stomach and bowels. The dyspeptic often suffers from one or more of the following secondary disorders, viz., headache, vertigo, neuralgia, cough, stricture and pain of the chest, asthmatic oppression, palpitations and hypochrondriasis, and if the invalid be a female, hysteria and derangements of health depending on her peculiar organization. The digestive apparatus failing to do its duty, the food cannot be manufactured into chyle and blood of such a quality, and in such quantity, as to meet the wants of the other organs. The brain and nerves and muscles suffer in consequence, and perform their respective offices of thought, sensation and locomotion feebly, and with effort. The heart suffers from palpitation and irregular contraction of its muscular walls, and the blood-vessels transmit an impoverished vital fluid to the organs through which they are distributed, and in which they deposit the nutritive matter required by each of them for its growth and performance of its particular duty. The skin is pale when not sallow or jaundiced, and is cold and rough to the touch. From this imperfect nutrition aided by impure air, and damp and dark lodgings, there ensues scrofula with its many guises, and chronic affections of the skin. The kidneys which are in such close sympathy with the digestive organs, soon evince responsive disease. Many of these remote symptoms are treated as if they were separate and independent disorders; and of course empirically, in place of their being regarded as effects of a common cause, viz., "imperfect and disordered digestion." If then we have a remedy, at once simple and efficacious for this central and primary disease, in the Gettysburg water, we have the means, at the same time, of preventing and curing a long catalogue of outlying and secondary derangements, which if they do not destroy life, make it miserable and too often useless.

The mode of operation of this water varies according to the quantity drank at one time or at stated intervals, and according to the temperament and the actual state of the body. A pint or half a pint will often act as a mild aperient without any distress or exhaustion. This effect is not increased with any uniformity by an increase in the quantity of the water drank. More frequently it excites the kidneys to increased secretion, especially if the skin be kept cool. When used with this intention, a gill may be taken four times a day, and the quantity gradually augmented if the stomach is not oppressed by its use. The diuretic and sanitary effects of the mineral water will be greatly increased by the free drinking of pure common water. If the indications are such as to point to the desirableness of bringing on copious perspiration, as in some cases of rheumatism, chronic neuralgia and diarrhœa, this effect will be obtained by the invalid going to bed and being wrapped up in warm clothing, while drinking of the water and its adjunct in the manner just directed. The sweat should be kept up for from one to three days according to circumstances, of which the medical superintendent will be the judge. It will still be proper even though immediate relief should be procured by this treatment, to continue

the use of the water some time longer. On the lady who had suffered so long from chronic rheumatism of the shoulder and hand, the water acted as an aperient, as it did also in that of her daughter, in the quantity of half a pint. In the case of the member of Congress, it operated as a diuretic. The information regarding the sensible effects of the water in these cases has been kindly supplied to the writer by Dr. Huber. Its diuretic action was exhibited in a marked manner in a dropsical patient under the care of the writer, after some of the most approved medicine of this class had been taken without any evident result. Some of the invalids who used the Gettysburg water, speak of its producing vertigo. The writer has been occasionally affected in this way after drinking the water, more particularly when it failed to exert an aperient effect. Mr. D., so long the victim of chronic rheumatism, speaks of its producing on him a state "not unlike intoxication." Vertigo is quite common in invalids who have recourse to alkaline springs, and the more so where there are of the highly thermal class. The fact may suggest trials of the use of this water as to its operation on the nervous system, and its probable utility in certain nervous affections, and in what is vaguely called nervous debility.

While it may be well, in the beginning of the treatment of a case of disease by the administration of the Gettysburg water, to test its first effects on the body in the way of increase of the natural evacuations, it must be borne in mind that this is not the mode in which the larger number of chronic diseases should be treated. Saline waters may be given, in some cases, not only to cause free evacuations, but also to wash out, as it were, the tissues, by the large introduction of the mineral water into the circulating blood. But as a general thing, and especially as it relates to alkaline waters, their most assured curative effects are obtained by their being given in small quantities and at stated intervals, for a considerable period of time. In this way they are retained kindly by the stomach, enter the circulation, and are carried with the blood to all the organs, whose tissues they permeate, to the extent of what might be called saturation. Time is thus allowed for the mineral fluid to act on the minute cell-structure of every part, and to quicken into renewed activity the chemico-vital processes of absorption and deposit—the withdrawal of waste and effete particles, and the supply of fresh nutritive ones. A new and genial stimulus is, in this manner, applied to the entire organism, and all its functions are invigorated, without the disturbance which too often follows the administration of the active drugs of the shop in full doses. Medical men are familiar with the fact, that some of these very drugs—antimony, mercury, and colchicum, for example—are introduced into the system in small, but still in real measurable quantity, without their producing any sensible effect, while all the time they are bringing about a change in the state of the organs, which ends in the restoration to health. Medicines given in minute doses, and acting thus imperceptibly, are called alteratives. The water of the Gettysburg spring, in small quantity, as a gill at a time, is an alterative; acting quietly, insensibly, and gradually, but often surely. Sometimes, however, this even course is disturbed by feverish excitement and headache, followed by loss of appetite and broken sleep, all of which evince the power of the water, while at the same time, they call for a few days' rest from its use. If a physician superintend the administration of the water, as ought always to be the case, he will probably direct a saline aperient and the cooling regimen for a short time. At the beginning of its use, and particularly if it has been drank too freely, this water, like that of a majority of mineral springs, will not unfrequently cause constitutional disturbance such as that described. This state is regarded by many writers on the subject, as a sign of the saturation of the mass of the fluids of the body by the water, or a crisis which, although represented to be salutary in the end, will, as we have just said, call for a temporary cessation from drinking it.

The appropriate time for taking the water is in the morning before breakfast, and before dinner, and at bedtime. All mineral waters, like other medicinal substances, act more promptly and beneficially when taken on an empty stomach, or at least after the process of digestion is completed. Where, however, there is such irritability of this organ, that even a small quantity of fluid cannot be drank before breakfast, it may be taken an hour or two after this meal. As regards the duration of the period during which the water is to be used, this will vary from three weeks to three months, and even longer. Mr. D. recovered from his apparently intractable disease by the use of the water for six weeks. The lady who had suffered so much and for so many years from dyspepsia, continued to drink the water "for some months," before she had entirely recovered. From some infirmities the patient may be restored in a short period, but in cases of gout, chronic rheumatism, scrof-

ula, and gravel, it takes a long time to break up the diseased habit, and to establish a series of healthy actions, in fact, to renew the constitution. Even where a long period is deemed necessary, it will be proper to desist every few weeks, for a few days, from the use of the water, and thus prevent its undue accumulation in the system, and at the same time renew the susceptibility to its favorable action.

Some words of caution will conclude all that is necessary to offer at this time. They will be useful to all drinkers of mineral waters. Efficacious as the Gettysburg water has been shown to be in a large number of diseases, it must not be regarded as a panacea or cure-all that may be resorted to for every kind of ailment and disease. Although safer, even when taken in large quantities, and milder in its operation, than most of the medicines from the shop, it cannot, by any means, be drank without stint, and under all circumstances of bodily condition and temperament, without serious inconvenience, and sometimes an aggravation of the existing disease. If it be an agent of power, it is capable of being used either for good or for evil, according to the judgment and discretion that preside over its employment. On a subject of so much importance as the use of mineral waters for the cure of disease, a lamentable ignorance prevails among those who drink them for this purpose. With these persons there is but one belief, viz., that the more of the water they drink, the more readily and surely will their diseases be cured. They reason by a rule of three. If good service is done by one glass, how much greater benefit may be obtained by six or by ten glasses? They forget that the same belief, carried into practice in drinking of wine, would make a drunkard forthwith, and if carried out in taking turtle soup, would bring on apoplexy. Deprived, as the invalid at home is, of the accessories of change of air and scene, freedom from the cares of business, and free exercise, which increase so much the therapeutic effects of the water drunk at the spring, he is doubly bound to follow a careful regimen, if he hopes for the largest measure of relief and a speedy cure, in fact, if he hopes for a cure at all. Every excess is to be avoided, and regularity in the hours for eating, and sleeping, and taking exercise in the open air, is to be practised. The food is to be substantial and nourishing, but to give as little trouble as possible to the stomach, and hence a preference should be given to a milk diet. An indispensable requirement for deriving the fullest effects from drinking the water is abstinence from all intoxicating drinks and tobacco, both of which diminish the susceptibility to new impressions, and interferes more or less with the various secretions, saliva, gastric juice, bile, urine, etc., besides enfeebling the nervous and muscular systems. While we may not go so far as to insist on the discontinuance of tea and coffee during this time, it would be advisable to use these beverages in small quantities and largely diluted with milk or cream.

The Gettysburg water, like other waters of the alkaline class, is contraindicated in persons of a very full, plethoric habit, and in those laboring under fever, inflammation of any organ, or hypertrophy of the heart.

The use of the bath, cold, tepid or warm, but never hot, according to the experience of the invalids on themselves, will be a useful auxiliary to the drinking of the water. An equable temperature of the body should be kept up by suitable clothing. In fine, in every case in which it is proposed to use this water methodically and for a given purpose, the treatment ought to be carried out under medical supervision. This recommendation is not made in view of the probability of medicines being used conjointly with the water. On the contrary, pains must be taken to exclude, as far as possible, all disturbing causes, which may in the least interfere with the full action of the water.

### Disinfectants.

Mr. Crookes, says the *Medical Times*, has shown that the favorite disinfectant, chloride of lime, is about the least efficient of any of those substances reputed to possess disinfectant qualities. Chlorine itself, is very little better, for if used in large enough quantities, it will in time destroy the virus, but as it acts by way of oxydation, and as living virus resists this longer than dead oxydizable matter, before the gas can attack a virus, everything else that it can oxydize will be oxydized first. And if, when pure, chlorine is so slow of acting, when adulterated with eightly per cent. of lime, its value is proportionately less. In sulphurous and carbolic acid, on the other hand, there are substances absolutely destructive of every living thing of low organization, such as cattle-plague virus is supposed to be. These substances, besides destroying the virus, attack it at once, and arrest all putrefying tendency.

—— In Munich, the authorities for some years past have required that in all cases of children dying in their first year, the parents should declare whether or not the infant had been nursed by the mother. A statistical table of the last two years shows that out of one hundred deceased infants eighty-eight were not so brought up.

# Hospital Reports.

Jefferson Medical College,
*September 11th*, 1867.

## Surgical Clinic of Prof. Gross.

Reported by Dr. Napheys.

### Lithotomy, Performed Sept. 7th.

Mr. F., æt. 50. This man, upon whom the operation of lithotomy was performed last Saturday, vide, p. 250, is progressing without any untoward symptoms. He has taken no medicine. The secretions pass off by the wound, which is doing exceedingly well, being small and contracting. His pulse is good, and he has some appetite. On Monday forenoon he had a little hemorrhage from the wound, losing probably six ounces of blood. During the operation there was hardly an ounce of blood lost.

### Burn.

Gottlieb K., æt. 21. This young man, employed in a brewery, has some very large vesicles on the left hand, the result of a burn received yesterday. There is apparently no swelling in the parts around.

In a case such as this is, the effect of a burn or scald, it is very necessary that the raised epidermis should be preserved as much as possible. If it be removed, the cutis vera will be exposed to the irritating influence of the atmosphere. In order to preserve the elevated epidermis, and to relieve the pressure produced by the contents of the vesicles, they should be pricked in various places with a delicate needle, so as to allow the accumulated serum to exude.

The vesicles were pricked, and the fluid evacuated in the manner indicated, and the parts ordered to be painted over with white lead paint, covered with a layer of wadding, and confined by a bandage, making moderate pressure. He was also directed to keep the arm in an elevated position, to eat no meat, and to take a saline cathartic.

### Club-Foot.

This child, three months of age, is affected with the variety of club-foot known as varus, attended with a retraction and malformation of the heel. The deformity presents itself in an aggravated form, and is symmetrical, both feet affected as nearly alike as is possible.

How this disease originates is still a matter in dispute. The probability is that it is connected with a lesion of nutrition, that the muscles and tendons of the extremity do not receive a sufficient supply of nervous fluid, whatever the nature of that fluid may be. If the affection is permitted to progress, if the limbs are not properly exercised, the muscles will undergo fatty degeneration, and gradual atrophy.

In the slight forms of the affection it may be remedied by mechanical appliances without the knife, but wherever it presents itself in such a degree as in this case, it would be folly to attempt rectification without the knife. The child was placed under the influence of chloroform, and the tendo-Achillis on each side divided subcutaneously, the puncture being closed by a strip of adhesive plaster, to be removed at the expiration of five or six days. The gap between the divided ends of the tendon is filled up with plastic matter, which becomes organized, and ultimately transferred into tissue analogous to the pre-existing one.

The first operation of this kind was performed by Stromeyer, of Hanover, in 1831. Previous to that period the tendo-Achillis had been divided by direct incision, the consequence being that violent inflammation was set up, and the limb rendered in a great measure useless. The subcutaneous operation is now performed with impunity.

Immediately after the operation the apparatus for club-feet, a modification of the shoe of Scarpa, the famous Italian surgeon, was applied. Prof. Gross was formerly in the habit of putting on a bandage previous to adjusting the shoe, but of late years he has dispensed with it entirely. One of the important points to be attended to, is to bring the heel as far down as possible in the shoe. Great care should be taken that the apparatus is not applied in the first instance too firmly, otherwise there is danger of chafing the parts. After the first three or four days it should be taken off, and the feet well washed with soap and water. It should be worn for a period, varying from six to ten months. Often under the best management, a long time elapses before the deformity is entirely relieved. The after treatment should always be superintended by the operator himself, and not be left in the hands of the nurse or mother.

### Gelatinoid and Fibrous Polyps of the Nose.

Joseph W. æt 19. This patient complains of obstruction of the left nostril. On looking into the throat no obstruction of the posterior nares can be perceived. The finger introduced, however, can be brought in contact with a very hard lobulated body apparently completely occluding the posterior opening of the nose. He has been affected in this way for two or three years. On looking into the nose in front, a whitish body, looking very much like an oyster, can be perceived.

The growth in front has an appearance very much like a gelatinoid polyp, the most common form of polyp met with in the nasal cavity. The substance behind, apparently of fibroid tissue, is harder than that in front.

By means of a pair of polypus forceps, a large gelatinoid polyp was removed. Another tumor, evidently of fibroid character, was then removed through the posterior nares by the forceps. A third growth was then found to be present, attached apparently to the floor of the nostril. This was loosened, by means of the chisel passed along the floor of the nostril, seized by the forceps and extracted through the mouth. Each of these tumors contained a number of roots.

### Supernumerary Finger.

Belle M., colored æt. one month. This child has a supernumerary finger, hanging on by a cutaneous thread of attachment. It has two phalanges, the third being absent. Amputation

was effected with a pair of scissors. Generally these supernumerary fingers and thumbs are connected by ligaments through the medium of distinct articulations; now and then, however, as in this case, merely by a pedicle of integument.

**Polyp of the Ear.**

This young man, æt. 19, has an apparent polypoid growth in the left ear. He has suffered from otorrhœa ever since he was nine months of age. Last winter the discharge was very much worse; thick, offensive and bloody. He has had severe pain during the last six months in the part. Never had any enlargement of the glands of the neck; has no sore-throat; does not take cold easily; strength pretty good.

This is a form of disease to which the term scrofulous, strumous or tuberculous is applied in the present day. It belongs to a class of cases which in the majority of instances can be traced to syphilitic taint of the system. The probability is that the drum of the ear is destroyed, and it is not unlikely that there is some disease of the petrous portion of the temporal bone. If this affection is permitted to go on, in some of these cases the morbid action extends through the petrous portion of the temporal bone to the dura-mater, and sometimes even to the substance of the brain, destroying life in that way.

A rather rare form of affection is present here in the shape of a polypoid growth of the meatus of the ear. Sometimes a mass of this kind is gelatinoid in character, similiar to the gelatinoid form of polyp of the nose; at other times it is distinctly fibroid in its structure, resembling the hard variety of polyp occasionally met with in the nasal cavity, in the uterus and other mucous outlets of the body. It has, in this instance, a red appearance, looking very much like a mass of granulations. It has been developed under the influence of long continued irritation, and its presence is, as is always the case, accompanied by a foul, unhealthy discharge, excessively fetid more or less profuse, and generally sanguinolent. Sometimes the polyp projects at the free extremity of the meatus, at other times it is situated within, as in this instance.

The patient was placed under the influence of chloroform, and the structure, which was very vascular, was removed in parts by means of a delicate pair of forceps. He was ordered to take an anodyne at night of ten grains of Dover's powder, with one-fourth of a grain of morphia. Day after to-morrow the ear will be injected with a solution of chloride of zinc, fifteen drops of the officinal solution to half a pint of water. Counter irritation over the mastoid portion of the temporal bone by means of the actual cautery would be of great service.

—— Hermetic Seal.—A mixture of gelatine and glycerine, is liquid while hot, but on cooling it becomes solid, retaining considerable elasticity and toughness. The neck of a bottle dipped into this melted compound is covered with an air-tight cap, which can be made as thick as desired by repeating the operation.

# Medical Societies.

## EAST RIVER (N. Y.) MEDICAL ASSOCIATION.

Reported by Wm. J. Purcell, M.D.

Stated meeting June 4th, 1867, Dr. Verranus Morse, President, in the chair.

Dr. W. F. Thomas in behalf of the Delegation, to the American Medical Association, presented a brief summary of the questions discussed at their last session.

**Scarlatina and Rubeola, are they strictly Contagious?**

A discussion relative to the late classifications of scarlatina and rubeola among the contagious diseases, by the Metropolitan Board of Heal resulted in the appointment of a special committee to report at the next meeting. The committee as appointed consisted of the following: Drs. G. V. Skiff, M. S. Buttles, W. F. Thomas, R. J. O'Sullivan and Truman Nichols.

**On the Practice of Druggists Renewing the Prescriptions of Physicians.**

Dr. O' Sullivan presented the evils of the above custom in the following forcible terms.

He wished to call the attention of the Society to this subject, which he deemed of great importance. If the experience of every member of the Society, as well as of the profession generally were known, how many mistakes of a fatal character would be recorded through this pernicious practice. Every now and then, we are startled by some newspaper paragraph, informing us of the death of some unfortunate patient, either through the ignorance or culpable carelessness of the druggist or his employees. It is true we are not responsible for these mistakes, but the public look to us for protection in this matter, knowing as they do that by the proper exercise of our influence, we can guard them against the liability of such mistakes. He had consulted some of the ablest and most experienced lawyers in the city, and their opinion was that we had entire control in this matter, and that the druggist had no option but to obey the physician. As to the patients, he had no doubt of their approbation, knowing that we are actuated by regard for their interests.

Drs. O'Sullivan, Newman, and M. L. Smith, were appointed a committee charged with the drafting of the resolutions necessary to bring the matter before the parties concerned.

**Continued Vomiting after the Apparent Complete Reduction of a Strangulated Hernia.**

Dr. Stein, gave the details of a case, which had occurred in his own practice, where the vomiting continued after a hernia had been to all intents and purposes reduced. This he explained on the hypothesis that a small portion of the intestine had been enclosed between the muscular fibres of the overlying muscle, and there was in fact vertical strangulation, although to a very limited extent. The patient however recovered.

Dr. Nichols had remarked the same phenomenon once or twice in his own practice.

Stated meeting July 2d, 1867. Dr. Verranus Morse, President, in the chair.

### Scarlatina and Rubeola.

Dr. Skiff read a lengthy report, which was signed by all the members of the committee, and which was subsequently adopted as the sense of the meeting. Leaving out the history of the labors and investigations of the Committee, the principal points of interest may be summed up as follows:

1st. Measles and scarlatina are incident to childhood, but may occur at any age.

2d. That having occurred once, they constitute an immunity against an attack of the same disease.

3d. That they are each caused by a miasm extraneous to the human body, and portable by means of fomites.

4th. That they are not inoculable or preventable to any extent by substituting a less fatal or a less infectious disease.

5th. They are not peculiar to any social condition of society, the malign or non-malign character being mostly dependent on a more or less pernicious epidemic, the peculiar condition or idiosyncrasy of the individual attacked, or the complications which may occur in the course of the disease.

6th. They are self-limiting diseases.

7th. That the fatality seems to depend more on the virulence of the particular epidemic than the amount of miasmatic infection entering the system.

In the investigation of the subject under consideration, the Committee called on Dr. Elisha Harris, Secretary to the Board of Health, and received a letter from him embodying in an unofficial form all the facts on the subject, so far as the officers of the Board have given advice or orders relating to these diseases—as to what sanitary measures are now adopted and suggested by the Board to prevent and mitigate scarlatina, small-pox and measles.

In conclusion, the Committee submitted the following practical suggestions.

1st. That during an ordinary epidemic of measles or scarlatina, no sanitary measures except ventilation and cleanliness should be employed.

2d. That during a severe epidemic of these diseases the following sanitary measures should be adopted.

A. *Isolation.* The patient should be placed in a room apart from the rest of the family, and attended by a person who has had the disease—no communication being allowed with the rest of the family.

B *Ventilation and Cleanliness.* The windows of the room should be kept constantly open, and whenever practicable, a fire in a fireplace, with a view to add to these means, should be constantly maintained.

The most thorough cleanliness should be insisted upon—and bed linen ought to be changed as often as practicable.

C. *Disinfection.* Every article of personal clothing and bedding once in contact with the patient should be steeped in boiling water, or in a solution of the permanganate of potash, (one ounce to three gallons of water).

D. *Fumigation.* After patients have recovered, the room in which they were sick should be vacated for at least twelve hours. Every window and aperture closed, and upon an iron pipkin or kettle with legs, burn a few ounces of sulphur.

Let the room be kept closed for eight hours and then ventilate thoroughly.

### Prescriptions the Property of the Prescribing Physician.

Dr. O'Sullivan, as Chairman of the Committee upon the Grievances of Practitioners, and their right to prevent the unauthorized repetition of their prescriptions, reported, that as far as interviews with apothecaries had been obtained, the latter fully agree with the Committee, that the proposed action of the Association is necessary and of great importance.

Many of these pharmaceutists, indeed, expressed themselves surprised that the profession did not move in this matter at an earlier date, thereby relieving them of great responsibility, and placing the control of the matter more directly in the hands of the profession. A few did not refuse to accede, but from their answers, it was evident they would be governed by the action to be taken by the physicians in the matter. The Committee hoped that the resolutions about to be presented were sufficient and explicit enough to meet these objections.

They further had the pleasure to report, that the members of the profession addressed on the subject, approved the movement, and thought that it would become general, not only in this, but in other cities of this State and country.

They say further, that it is understood the Academy of Medicine and other societies of this city will move in this matter immediately.

The resolutions were then adopted, and are as follows:

*Whereas*, The attention of this Society has been called to consider the propriety of taking action relative to the practice of druggists renewing the prescriptions of physicians without their written order, thereby injuring very materially the interests of the profession; and

*Whereas*, In view of the grave and more important consideration, that the interests and lives of patients are, in consequence, endangered, we consider it a duty to guard to the utmost of our ability against the liability to mistakes, which should be prevented rather than deplored; be it, therefore,

*Resolved*, That we cordially invite the coöperation of every druggist in this city, especially in our immediate districts, to further this laudable purpose; and be it further

*Resolved*, That we respectfully request that no druggist will renew the prescription of any physician connected with this Society, without due authority for each and every renewal. Further, we will regard as unworthy of our patronage any druggist who fails to comply with the requirements of these resolutions.

*Resolved*, That a copy of these resolutions, with a blank card, be sent to each and every druggist in our districts, with a request that the card be returned within two weeks to the Secretary, signifying their intentions, with reference to compliance or non-compliance with these resolutions.

Stated meeting, Sept. 2d, 1867, Dr. V. Morse, President, in the chair.

### Report on Surgery.

Dr. F. D. Weisse, chairman of the Section on Surgery, read an able and lengthy report on the different surgical cases appearing in the medical journals of the last six months, at the conclusion of which, the subject for the evening came up, being the discussion on Tumors in the Abdomen, and the difficulties attending an exact diagnosis.

### Tumors in the Abdomen.

Dr. O'Sullivan opened the discussion by regretting that the time allowed him was so short as to preclude him from giving that attention he wished, and which the importance of the subject demanded, and wished that it had been entrusted to abler hands, inasmuch as his tastes and studies confined him more particularly to the region above the diaphragm, the heart and respiratory organs. Still he would venture below the line, and enter a region, he regretted to say, as yet but imperfectly explored. During his investigation, the Doctor says:

"I have examined a number of works, several years' volumes of the *Lancet* and other journals in great number, and have been surprised to perceive what little attention comparatively speaking, has been paid to the general features of the subject. Medical societies have carefully avoided it, with the sole exception of the American Medical Association, who, I understand, had it under discussion at their last meeting. The East River Medical Association can claim to be the first local medical body in this country to inaugurate the movement. It would seem to present to the profession of our day the same diagnostic difficulties that the diseases of the thoracic organs did to the profession of former days, until their hidden mysteries were unveiled by the mighty genius of Laennec, by the discovery of auscultation. . . . May we not, then, hope that it remains for some American physician to discover some method by which disease of the abdominal organs may be as successfully unfolded."

In illustration of the difficulties attending a correct diagnosis of abdominal tumors, Dr. O'Sullivan mentioned a case that came under his own observation at one of the largest hospitals in the city of New York, where the tumor, instead of being crowded in with the contents of the abdomen, lay in a far more superficial part of the body. He says:

"In my constant daily visits at the hospital in question, the visiting physician one day called my attention to a patient who, among other troubles, complained of pain and stiffness in the knee-joint. On examination, nothing of a rheumatic character could be detected, yet the patient persistently referred his troubles to that point. On turning him over on the bed, we readily noticed a swelling in the popliteal space. It was elastic and compressible. The pulsatory movements were rather obscure to the eye, but on balancing a pencil on the tumor, pulsation was plainly evident, but this did not appear quite so clear to the other observers. The case rested for the present. Some time afterward, in passing through the surgical wards, I was not a little surprised to see the patient occupying one of the beds, and minus his leg. Upon inquiry, the attending surgeon very candidly informed myself and several others, that when the patient was transferred to the surgical division of the hospital, the surgical board, upon consultation, decided that the tumor was an abscess. It was accordingly laid open, and then, indeed, the diagnosis was clearly made out. Not, however, of a simple abscess, but an aneurism. Immediate amputation, of course, followed, and the death of the patient resulted in a few days. Now, if an external tumor in such a suspicious spot as the popliteal space, where the liability to aneurism is so frequent, (next, I believe, to the thoracic aorta) a mistake of so grave a character can be made, and that, too, by experts, gentlemen who stand in the front ranks of the profession, and whose specialty is surgery, is it to be wondered at, that in the region of the abdomen, diagnostic difficulties should beset us at every step?"

In conclusion, Dr. O'Sullivan presented the following case, which occurred in his own practice:

"I was consulted February 20th, 1862, by Samuel Paesing, a native of Canton, China, aged about sixty, who had followed the sea for a livelihood, and who for several years past had kept a Chinese sailors' boarding house in New York. Some sixteen years since, while on a voyage from New Orleans to New York, he met with an accident, and received a severe contusion on his right side, which, upon his arrival in port, necessitated his removal to the hospital, where he remained several weeks, and was discharged cured. With the exception of this hurt, he always enjoyed excellent health, up to the date of his last illness. Like most of his countrymen, he was an inveterate opium smoker. When he first consulted me, he referred his trouble mainly to his stomach, where there was strong pulsation; he also complained of pain in the chest, and suffered from habitual constipation. Auscultation showed the lungs and heart to be perfectly normal. On examination of the abdomen, I perceived a small circumscribed tumor in the epigastric region, below the diaphragm, and in a line with the transverse colon; it had a nodulated appearance. Auscultation elicited no thrill, nor any symptoms of aneurism; in fact all the symptoms of this disease were carefully considered and excluded; there was marked dulness on percussion over the tumor, aneurism being thus excluded in making the diagnosis. I next considered the probability of its being carcinoma, but the usual symptoms of carcinoma being absent, and the recent appearance of the tumor partly excluded that disease. The fact of its being a fœcal accumulation was

speedily disposed of, so under this uncertain state of affairs, the treatment was simply palliative. After the lapse of several weeks, and the tumor continuing to increase steadily in size, I met several of the leading physicians and surgeons of the city in consultation, who, after the most careful examination, were unable to decide upon the real nature of the disease. On the 7th June, I consulted a late distinguished surgeon of this city, who gave it as his opinion that it was an aneurism, while still later, a prominent and leading physician, also of this city, pronounced it to be a tumor, but of what character he could not determine, and situated on the left lobe of the liver. The patient continued to grow gradually worse until the morning of the 24th June, when he died.

Assisted by the late Dr. D. S. Conant, Dr. O'Sullivan made an autopsy, and found a large mass, weighing over two pounds, attached to the left lobe of the liver, and lying directly on the abdominal aorta, from which it was readily dissected up. Closely adherent to the lower border of the tumor was the pancreas, a portion of which was removed with it.

Subsequent microscopic examination made by Professor Flint, Jr., revealed true cancer cells, free nucleoli, fatty globules and granular matter.

# Editorial Department.

## Periscope.

### The Polytechnic Association.

The meetings of this Society were resumed at London, after the summer intermission, on Thursday evening September 19th. Of interest in its proceedings are some

### Facts Concerning Deafness.

Following the reading of a note upon the causes of deaf-dumbness, Dr. Richardson remarked upon some prevalent but false notions, respecting the use of aids to hearing and to sight. Persons having but a slight impairment of their auditory apparatus, are loth to have recourse to speaking trumpets, fearing that thereby permanent deafness will ensue. But this is a mistaken idea, for the use of this aid is in effect a kind of invigorator, bringing the organs of hearing into full play, and thereby developing rather than paralyzing them.

In supporting similar views in relation to the organs of hearing and sight, Dr. Richardson recounted the observations made by Dr. H. R. Smith, of Chicago, during a recent visit of scientific research to the Mammoth Cave. The fish of these subterranean lakes are not only without eyes or even traces of an orbit, but so far as he could ascertain by careful and indefatigable investigation, are destitute of the sense of hearing; these facts going to prove the truth that the functions of the auditory and optic nerves become impaired by the partial or total deprivation of their natural stimuli, sound and light.

But on the other hand, excessive use of these nerves tends to their paralyzation. The case of three boiler-makers of this city made permanently deaf by hearing incessant hammering, was mentioned; also many cases of loss of hearing by artillerymen. In this connection it was incidentally mentioned, that the noise made by brass cannon affected the auditory nerves more painfully than that made by iron ordnance.

### Concerning the Teeth.

A note upon late experiments, relative to the readiness of digestion of varieties of food, brought up Mr. Fisher, who advocated the more thorough comminution of food on the score of health and economy. In the rambling discussion which ensued, one speaker presented the testimony of a late French *savan*, who maintains that the superiority of an Indian's teeth, for example is due to the fact that, from insufficient cooking of their food, they are obliged to make great use of them; that the dentist's occupation was a sign and concomitant of excessive civilization. The dentists present denied the charge, affirming that rudimentary teeth of both sets were formed before the birth of the child; that the mastication of food in no way entered into the question, excepting perhaps in the case of the mother; and that the Indian had better teeth, simply because the constitution of the generality of their females was better than that of the civilized woman.—*Scientific American.*

## Reviews and Book Notices.

### NOTES ON BOOKS.

During the current year there has been more scientific energy displayed in Italy than for several years previous. Dr. D. Monti has written a work on diagnosis (*La Diagnostica della malattie, Venezia*, pp. 383.) in which he gives particular attention to pathological chemistry as a ready and practical means of distinguishing diseases. The short essay on Percussion in Thoracic Diseases (*Studi di percussione; Monza*) by Dr. L. Ripa has reached its third edition. A very complete work on the pathology of the heart and aorta, (*Patologia del cuore e dell' aorta,*) by Guido Bacelli, is in process of publication at Rome. Three volumes are already out, and the fourth will be the last. Dr. Giuseppe Aymini has briefly given the results of his experiments in dissolving vesical calculi, and treating other diseases of the genito-urinary apparatus by electro-chemical action (*La pietra della vesica, etc., Torino.*) In Naples, Dr. G. Bortone has projected in three volumes, the first of which has appeared, a body of practical clinical medicine, (*Indirizzo di clinica medica*, pp. 374).

Two catalogues of unusual interest in medical bibliography have recently been printed by Büchting in Nordhausen. One of them, the *Bibliotheca odontiatrica*, contains the tittle of

every book and periodical that has appeared in Germany on dentistry from 1847 to 1866 inclusive. The other, the *Bibliotheca Veterinaria*, embraces every book and periodical on all branches of farriery which has come from the German press since the year 1842. It is intended as a supplement to Dr. W. Engelmann's *Bibliotheca Veterinaria*, and should be obtained by every one owning a copy of that useful volume.

Dr. Herman Cohn has recently brought out a volume in Leipzig which we hope to see imported and studied before long. It is entitled (*Untersuchungen der Augen*, etc.) "Examinations of the Eyes of 10,060 School children, together with suggestions for the improvement of certain school arrangements injurious to the eyes. An etiological study" (pp. 161, 1 thaler). This is a matter of the highest importance, and nowhere more so than in this country. Another of the many works on military sanitary matters, which the Prusso-Austrian war occasioned, has appeared in Berlin, by Dr. W. Brinkman. It is on the volunteer nurses and their service in 1866, and is based on the official reports. (*Die Freiwillige Krankenpflege im Kriege*, pp. 143.) One of the most interesting works on this topic was written by the well known dentist, Dr. Th. W. Evans of Paris (formerly of this city) in connection with the Exposition. It is entitled (*Les Institutions Sanitaires*, etc.) "The Sanitary arrangements during the Austro-Prusso-Italian conflict, followed by an essay on ambulance carriages, and a catalogue of the American sanitary collection of the author." For this collection, it will be remembered, Dr. Evans received one of the *grand prizes* this summer.

The series of anatomical plates from the French of Bougery and Jacob, which have been recently published by a firm in Hartford, and which are advertized for sale in the Reporter by parties in this city, are accurate and well-colored. They form a valuable addition to the library of a physician, and are eminently useful in keeping up a knowledge of anatomy.

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The Trantactions of the American Medical Association. Instituted 1847. Vol. xviiii. Philadelphia: Printed for the Association, 1867.

This volume, as the product of the highest medical Association in our country, deserves more space than we usually spare to a book review. We are the more willing to give it an extended analysis, because of the very limited circulation it is likely to get, if not more successful in that respect than its predecessors.

After the minutes, (which appeared in the Reporter a week before they were in any other medical journal in the country,) comes the address of the President, Dr. Askew. It contains some very wise suggestions; first, that the articles for publication should be selected with more care than they have been; then, that the rules of intercourse with irregular practitioners be discussed with a view to their modification; and finally, that the question of specialists be reconsidered. In all these respects the action of the Association must be brought up to the requirements of the times, or it will assuredly sink into decadence and contempt. The only reason why the Transactions are a drug in the market is, that much more valuable medical literature can be bought for the same money. Unfortunately, instead of acting on these hints, the Association passed its time chiefly in excursions and junketings. A few more such sessions, and it will be unnecessary to publish at all.

The first article is by Dr. Stephen Rogers, on "Extra-uterine Fœtation and Gestation, and the Early Signs which characterize it; Symptoms of the Fatal Hemorrhage into the Peritoneal Cavity, its usual Termination; Suggestions for the Positive Diagnosis of this Fatal Condition; and a Plea for the Treatment indicated in it, with the view of saving the Life of the Woman." The signs, in addition to those of pregnancy in general, are paroxysms of hypogastric colicky pains occurring about the fourth or sixth week, usually referred to the right or left iliac region, recurring at varying intervals, accompanied by constipation, debility, and tenesmus, frequently followed by a sanguinolent discharge from the uterus, an early enlargement of that organ, and marked tenderness over the iliac region corresponding to the pain. The treatment recommended is gastrotomy, as soon as the tubal cyst bursts into the peritoneal cavity. Inasmuch as no instance of the successful resort to this means is adduced, and as its theoretical value only is all that the writer is defending, it was not worth while for him to be so very savage on those who doubt the propriety of the operation, especially the venerable Dr. Meigs, whose advice he styles "rant," and "unjustifiable presumption."

Dr. M. K. Taylor gives some statistics of Heart Disease, observed in the military service during the war, and Dr. R. C. Hamill a long report on the Meteorolgy, Medical Topography and Epidemic Diseases of Illinois; not so valuable as it would be if the observations had been greater in quantity or better in quality. So long as meteorology means only a discussion of the temperature and rain-fall, geographical medicine will get little good from it; and so long as

mortuary tables are made out "only to a very limited extent on the certificates of physicians," (p. 191), we believe they are of no value to anybody. With his materials, however, we believe no one could have succeeded better.

The Section on Surgery embraces a paper by Dr. Jos. S. Hildreth, "On the Action of Belladonna in Diseases of the Cornea," leading to the following maxims:

"In affections of the cornea, (*a*) with anæsthesia and diminished dilatability of the pupil, belladonna is indicated; (*b*) with normal dilatability of the pupil and absence of corneal anæsthesia, belladonna is not required."

Some useful, though not new information is contained in Dr. J. L. Little's Report on the Use of Plaster of Paris in Surgery. Dr. B. Howard narrates a case of varicose veins of the leg, which he cured by ligation, and subsequently depleting by incision the swollen vessels. Statistics of the Ligation of the Subclavian Artery follow; and the section concludes with a Contribution to the History of Hip-joint Operations during the Late Civil War, by Dr. Paul F. Eve, and a Statistical table on Lumbar Colotomy, (Amussat's operation for artificial anus), by Dr. G. C. Blackman, both going to prove that these formidable operations are not so uniformly unsatisfactory in their results as most surgeons think.

In a Report on the Rank of the Naval Medical Staff, Dr. Wm. Wood shows how unfairly that arm of the service is treated in this country.

Under the heading of "American Medical Necrology," Dr. C. C. Cox gives many interesting reminiscences of those of our profession who had gone to rest since the previous meeting.

The subjects of Medical Education and Medical Literature take up several articles, containing many valuable suggestions, and some not so valuable; as for instance, (p. 366,) when the neglect of the study of pharmacy, which we consider a crying evil, leading to expectantism and nihilism in treatment, and to a helpless exposure of the physician to the swindles and adulterations of rascally druggists, is deliberately recommended. No wonder that one of the committee formally withheld concurrence in such views.

Dr. Isaac Ray contributes some remarks on Insanity, of considerable general interest. Dr. Ernest Krakowitzer, a not very laudatory article on Local Anæsthesia, tending to confirm us in the opinion we have gradually been drifting to for some time, that Dr. Richardson's much bruited discovery is limited in application, and of "moderate value." "Epidemic Cholera, its Causes and Means of Prevention," by Dr. Harris. offers little that is not familiar.

The first prize was awarded to Dr. J. R. Black for an "Essay on the Cause of Intermittent and Remittent Fever." We confess to some disappointment in its perusal. Having no "theory" ourselves, we are perfectly willing to applaud any which is well argued. The following is the assumed law of causation:

"With a summer mean temperature of 60° F. and upwards, the greater the diurnal oscillations of temperature, the greater the prevalence of autumnal fevers; the higher the mean, the smaller the oscillation to produce the morbid phenomena, and the more intense their character. The untoward effects are greatly increased by a large amount of atmospheric moisture."

On this latter factor the author lays quite as much weight as on the other. Yet with a singular obliquity to meteoric laws, he states that in the statistics brought forward to support his theory he has used as its equivalent the rain-fall! Now any one at all versed in meteorological observations, knows that the rain-fall is no sort of test of the amount of water suspended in the atmosphere, and that any theory based on such a supposition is wholly untenable. Moreover, the point of saturation is reached nightly all over the Atlantic slope, throughout the summer and autumn months; and the explanations he offers of the relative unhealthiness of places under the same climatic conditions, the banks of the St. Johns river, (very unhealthy), and the Eastern Shore, only fifteen miles off (very healthy) for example, by supposing a material change in the moisture, is not less dubious than when applied to this city to explain the intermittent on South Broad street, while half a mile off the disease is unknown.

The second prize Essay, by Dr. M. A. Pallen, on the Treatment of Certain Uterine Abnormities, is a useful article on a practical branch of medicine. It is well illustrated with colored engravings.

After this analysis of the contents of the volume, every reader can decide as to whether it is the book he wants; but whether he wants it or not, we think that every member of the Association ought to buy a copy, if he can, if for nothing else than to encourage its publication, and to meet the necessary expenses of a Society, which, if properly directed, can exert a most salutary influence on the progress and character of the medical profession in the United States.

The Committee of Publication merits a compliment for the unusual promptness in the appearance of the volume.

Medical and Surgical Reporter.

PHILADELPHIA, OCTOBER 5, 1867.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

## LOUISVILLE, KY.

Dr. Coleman Rogers has very kindly consented to represent the interests of the Reporter in Louisville, Ky. He will procure material for its pages, as opportunity may offer, and will also receive subscription money from any who prefer to pay him rather than forward it through the mail. We have a large number of subscribers in Louisville and vicinity, and they can communicate with us at any time through Dr. Rogers.

## WANTED!

The unexpectedly large demand to supply new subscribers from the commencement of the current volume, has nearly exhausted our supply of several numbers. We will pay ten cents each, or give credit on subscription for any of the following numbers: 540—543—546—547—548.

See also in the advertising columns a list of numbers wanted.

## THE YELLOW FEVER.

From Flake's *Galveston Bulletin* of September 21, we compile the following tabular statement regarding the mortality of yellow fever in Galveston, Texas, this year to September 20th., as compared with five previous epidemics. We will premise that in 1853 and 1854, the population was estimated at 6000; In 1858 and 1859, at 8000; in 1864 it was, by actual enumeration 4,400. The present population is 22,500, the number of unacclimated persons being over 15,000. In the previous epidemic years there was a very small unacclimated population.

| *Epidemic Years...* | 1853. | 1854. | 1858. |
|---|---|---|---|
| *Began.....* | Aug. 16, | Aug. 9, | Aug. 27 |
| *Highest Mortality,* | Sept. 12, 18, | Sept. 6, 17, | Oct 7, 13 |
| *Close of Epidemic,* | Nov. 28, | Nov. 5, | Nov. 14 |
| *Total Mortality.....* | 536, | 404, | 344 |

| *Epidemic Years...* | 1859. | 1864. | 1867. |
|---|---|---|---|
| *Began.....* | Sept. 17, | Sept. 1, | July 24 |
| *Highest Mortality,* | Oct. 27, 13, | Sept. 26, 13, | Aug. 16, 39 |
| *Close of Epidemic,* | Nov. 30, | Nov. 20, | to Sept. 20 |
| *Total Mortality.....* | 182, | 259, | to Sep. 20, 1113 |

It will be observed that this year the epidemic may continue two months yet, from the date to which the record above is brought.

The Howard Association acknowledges and accepts the proffer of the professional services of Dr. J. M. Covert of Portsmouth, Va., and commends him to the confidence and hospitality of the people.

The following is an exhibit of the operations of the Association during the week ending Sept., 20th.

| | |
|---|---|
| Total number treated during the week, | 251 |
| Total number discharged during week, | 140 |
| Total number died during the week, | 21 |
| Total number under treatment Friday Evening September 20, 1867. | 91 |
| Amount expended during the week, | $2,913 18 |

The Association have forwarded to the epidemic stricken towns in the interior, up to last evening, fifty-seven nurses, and are in readiness to increase the number as the requirements of our suffering neighbors are made known it.

The reports are that the epidemic continues in New Orleans, though in a mild form, the mortality being comparatively small. A few cases have occurred at Mobile, and it still continues at Pensacola and Tortugas, the mortality at the latter place being considerable.

There are reports of some cases having occurred at Green Point, Long Island, opposite New York.

## EAST RIVER MEDICAL ASSOCIATION.

This is one of the most active medical societies in New York city. It was organized November 21st., 1865. Its regular meetings are held on the first Tuesday in every month at the residences of the members in alphabetical order. Its present officers are Verranus Morse, President; M. S. Buttles and Truman Nichols, Vice-Presidents; John Shrady, Secretary; Norman Abbott, Treasurer. It has over forty members. A correspondent, who, we trust will see that the members of the Association are not hereafter deprived of the benefit resulting from direct intercourse with the largest medical constituency in America, writes:

"Knowing the extensive circulation of your valuable journal, and the high rank it takes among the medical literature of the country, and the evident interest you manifest in everything relating to the noble profession of medicine and surgery; it occasioned us some little surprise to see no mention made in the Reporter of the East River Medical Association of this city, a young and vigorous organization started some three years ago, and now numbering among its members nearly, if not all, the leading physicians and young practitioners on the eastern side of the town, many of whom are subscribers to, and ardent supporters of the Reporter.

"Its objects are to cultivate intimate and friendly relations among medical men, who, absorbed in the duties of their profession, are

strangers to each other, to give them an opportunity of acquiring information by free discussion on subjects of interest, besides enabling the juniors to profit by the experience of their elders.

"This Society is the only local body that sent a full delegation to the late meeting of the American Medical Association. It has also the honor of being the first organization that appointed a committee to visit sick members, thus attending to a duty of vital importance, which I regret to say has hitherto been altogether neglected."

## MODERN MIRACLES.

The latest sensation in Paris is a Zouave, by name Jacob, who occupies the humble position of "second trombone" in the Imperial Guard at Versailles. He claims to possess the power of healing by touch, or rather by the simpler method of *ordering* his patients to be well. The lame, the halt, and the blind, have thronged the doors of the two houses where he has been holding his daily *seances*, to such an extent, that the street in front was obstructed, and a score of policemen were necessary to keep the crowd of applicants from rendering the thoroughfare wholly impassable. In every direction cripples were seen hobbling on their crutches, paralytics carried on their beds, the blind led by their children, and the worn-out carried by their friends, all striving to gain admittance to the presence of the miraculous healer. They were let in by batches of thirty, their canes and crutches thrown in one corner of the room, and they were ranged on a long bench. Then a man about forty years of age, with dark hair and dark keen eyes, full of light, of medium size, slight figure, but evidently of considerable muscular power and remarkable self-command, would appear, and walk slowly up and down the room. This was the Zouave, Jacob. Occasionally he would stop before some unfortunate cripple, and tell him to go away, as he could do him no good. The inspection finished, suddenly, in a loud peremptory tone, he would order the others to get up and walk. Was he not promptly obeyed, with violent gesticulation, and not unfrequently with a good round oath, he harshly ordered them out of the room. The story goes, that few or none but struggled to their feet, straightened their long unused limbs, and went away rejoicing. No charge was made, as he healed without money and without price.

Such is the account that has been going the rounds of the papers the last few months, doubtless familiar to many of our readers. Angry denials of it, furious assertions that it is "impossible," avail nothing in presence of dozens, perhaps hundreds who have been benefitted or cured by him. Nor is it the part of calm science to indulge in such tirades against facts. We see no reason to doubt such incidents; indeed, so far from being incredible, they are not even rare.

Peter the Hermit, St. Bernard, and a hundred other prominent personages of the Romish Church, have unquestionably, by their touch and voice, caused the lame to walk, and the crippled to dance. So have, within the present century, the disciples of Edward Irving, and of Swedenborg. These facts are as clearly established as any in cotemporary history. By the admirers of these persons, they are attributed to the specially imparted power of God; by their opponents, to the power of the devil. The intelligent physician, who can rise above theological quibbles, sees in them curious nervous phenomena, very obscure as yet, but paralleled by numerous cases in his own experience. Two years ago, we saw in the Illinois State Lunatic Asylum, a man, muscular and perfectly well in body, who for three months, had not so much as turned over in bed, or moved a single voluntary muscle, so far as known. It was his second admission. Previously, he had lain for fourteen months in this condition, and then, one day, quietly got up, dressed, and went about his business. We had once under our care a strongly-built young soldier, free from any visible disease, yet who, on the least touch, would scream and writhe, apparently in the acutest pain, and who sought to avoid any movement, on account of the pain it gave him. A lady, a neighbor (but not a patient) of ours, had been in bed for twenty-seven years, and for six, had never so much as lifted a spoon to her mouth, on account of "spinal complaint," her physician said. She was carried to a celebrated quack a year or two ago, who rubbed her and "mellowed" her, and then ordered her to get up and walk. She did so, and has walked ever since. Such cases are common-place to physicians. The cures effected seem to depend directly upon a change in the innervation of the part and system, brought about by the action of a powerful will upon a ready recipient. The action of the nervous force in one body upon another system of nerves, controlling and affiliating them to itself, is shown strikingly in mesmerism, in animal magnetism, in the phenomena of "spiritual" media, and in the power of silently calling up similar thoughts to our own in other's minds. That the nervous force, or, as it has been called, the "odic force," not only can evoke in other nervous ganglia sensations as analogous

to the original as the secondary to the primary electric current, but can also exert a direct influence on material substances, cannot now be questioned.

In this imparted nerve-power, in this sudden impression on the nervous ganglia, starting them out of a long habit of exercising certain cells only, and bringing all into unobstructed normal activity, lies the secret of miraculous cures. Such cures are, of course, not always permanent, as the ganglia readily fall back into their habit of limited activity; and they are chiefly confined to nervous diseases, as we can conceive of only a few cases where the imparted activity would stimulate the secreting functions to the extent of removing deposits, arresting organic changes, or limiting abnormal processes. Nevertheless, the numerous well authenticated cures of scrofula by the royal touch admonish us that at present we are not able to set boundaries to the beneficial effects of imparted nerve power.

# Notes and Comments.

### Tobacco as a Prophylactic in Malarial Diseases.

Dr. JOHN WRIGHT, of Clinton, Ill., writes that, with good opportunities for observation, he has never seen a single case where he thought tobacco acted as a prophylactic in these diseases. He thinks that, if it had any such claims, they would have been put forward by those who are seeking excuses to justify them in the use of this filthy weed. Furthermore, he says that, even if it should be proven to be a prophylactic, he would rather have the ague than use it, especially while we have such a reliable prophylactic as quinia is known to be when properly used.

### Dr. J. Marion Sims.

Our countryman, Dr. J. MARION SIMS, continues to receive "both riches and honor" abroad, as concomitants to the "wisdom" which he took abroad with him. In addition to the cross of the Legion of Honor, which he received some years since from the French Emperor, he has recently been decorated with the title and insignia of the Order of St. Maurice and Lazarus by the King of Italy, and has been named Commander, first-class, of the Order of Isabel la Catholique by the Queen of Spain. These last marks of distinction have been conferred on the Doctor as a recognition of the value of his late medical work, which has been translated into all the languages of Europe.

During the sessions of the International Medical Congress in Paris, Dr. SIMS gave a very brilliant reception and supper to the members of that body. A large number of the medical savants of France, England, Germany, Russia, Spain, Italy, the United States, and the English and Spanish Islands, were present.

Among the American notabilities in the medical world were: Dr. POPE, of St. Louis; Dr. PANCOAST, of Philadelphia; Dr. MCILVAINE, of Cincinnati; Dr. NATHAN R. SMITH, of Baltimore; and Dr. HUTCHINSON, of New York.

### Science *v.* Empiricism.

A correspondent in the extreme northwest asks, "Where is the line of demarkation between science and empiricism?"—and instances, as a case in point, the article, in a June number, by Dr. MAXSON, on shoulder-presentations, which he highly commends. But, he says: "The Flathead Indians of this region of country have a custom of standing the woman on her head, in case of mal-presentation of fœtus, thus remedying the presentation without any digital manipulation at all. If it meets the indication, is it science, or quackery?

"If thereby the fœtus is caused to present in the most favorable manner, is the inversion of the mother more or less scientific than a manipulation without altering the position of the mother, or even when she be placed on her knees and breast?

"I do not know how a white woman in civilized lands would relish the idea of being inverted, but what ought scientific practitioners to do in the premises? For my part, if I had a case where I could not readily remedy the fœtal position by placing the woman on her breast and knees, as recommended, I should not hesitate to propose inversion, rather than take the risk of turning, as usually performed, or of cutting the child to pieces."

### Reception of Prof. N. R. Smith, in Baltimore.

Professor NATHAN R. SMITH on his recent return from a visit to Europe, had a public reception tendered him by his professional brethren in Baltimore. An address of welcome was given by Dr. RICHARD MCSHERRY, in which he alluded to the long and useful career of Dr. SMITH in Baltimore as a surgeon and teacher. In the course of his remarks in response Dr. SMITH said:

"In my brief sojourn abroad I have, of course, had opportunities to compare our institutions with those of Europe. It cannot be denied that in those communities which are far older than ours, the science of medicine is far more mature than with us. Their institutions must neces-

sarily be far better provided than ours with those illustrations which have been accumulating for ages. Their hospitals have been founded and enriched by the bequests of many generations.

"In the city of Milan I visited the most magnificent hospital in all Europe. It contains 2,500 beds, three times the number of the hospital of St. Bartholomew's, in London, or the Laraboisier, of Paris. And yet Milan contains only about two-thirds the population of Baltimore. But Milan is a rich city, and has been so for ages. Many generations of wealthy individuals have bequeathed large sums to its institutions."

Prof. Gross of this city was one of the guests, and in response to a toast, paid a high tribute to the skill of Professor Smith as a surgeon, and also to his great moral worth as a man. He then proposed the health of the illustrious father of the distinguished guest, Nathan Smith, of Yale College. This toast was drank standing.

Remarks were also made by Dr. Ninian Pinckney of the U. S. Navy, and others.

### Curious Discovery.

Professor Czermak, the inventor of the laryngoscope, and professor of physiology in the University of Jena, while examining the contents of the stomach of an Egyptian mummy, found a roll of something which after careful microscopical scrutiny he decided to be the skin of the sole of the feet, and of the mummy's own feet! Further investigation has shown that this was a common practice in Egyptian mummification, and it is explained as symbolic of the eternal separation of the dead, from the earth he so long trod, and as a sign of his manumission from the thrall of the world.—(*Der Globus.*)

# Correspondence.

## DOMESTIC.

### Missed Labor.

Editors Medical and Surgical Reporter:

The case reported by Dr. T. B. Camden, of West Virginia, in No. 547 of the Reporter, under the heading of "Missed Labor," has induced me to give you a case of my own, similar to those given in his article, and the successful result, due more to the "vis medicatrix naturæ" than to my skill.

In 1859, I was called to see Mrs. ——, an Irish woman in her fourth confinement, age 36, light complexion, full habit. I found the os dilated so that two fingers could be passed with much difficulty. As she reported herself as being with hard pains all the night before, and always tedious in previous confinements, I gave her a pill of morph sulph., ex. of belladonna gr. āā. ss., and left, with orders to call me again if the pains were urgent. Heard nothing of the case for 36 hours; then on examination, found the dense hard unyielding ring of the os, so graphically described by Dr. Camden, with no improvement—case remained the same for four days, woman suffering much, except when under anodynes. The usual efforts were made for dilation with ergot, etc. The constitution began to suffer, (the waters had passed the second day,) and symptoms in the secretion of milk, and the offensiveness of the discharges, (the weather being hot,) etc., convincing me of the death of the child—I gave f.ʒj, doses of fluid ext., ergot, every fifteen minutes, with very slight contractions, and no diliation of the os—I then determined on delivery of great risk as a choice of evils.

After giving chloroform, passing a blunt pointed bistoury within the womb, and guiding it carefully, I made four slight incisions in the os uteri, as near as could be at equal distances, not daring more than the thickness of the instrument in depth; (a small one for hernia;)—then passing a small blunt hook, I succeeded after puncturing the skull, and an hour's difficult labor, in delivering the putrid fœtus. I judged the dilation to have been about four inches. There was no flowing. The secundines were removed without any trouble. The abdomen was immediately covered with a large thin poultice of bread saturated with oil of turpentine, and a pill of calomel, gr. j., opium, grs. ij., given every two hours, until thorough narcosis was established, with a weak milk punch given once or twice in twelve hours. Metritis and peritonitis followed, though evidently moderated by the treatment for five or six days. After the first twenty-four hours, milk punch with broth, with simple morphia were given, as much as could be retained, (vomiting being a common symptom.) The *gentleman*, whom I usually trusted for counsel was out of town, and I had no consultation. Do not think I should risk another case, except in view of the article spoken of above, as my patient escaped only after a three months' sickness, though now alive and the mother of one child since.

H. L. Burritt, M. D.

*Bridgeport, Conn., Sept.*, 1867.

### Depilatory Powder of the London Hospitals.

℞. Quicklime, ʒi.
Yellow sulphite of arsenic, ℈ii.
Powdered starch, ʒi. M.

Add a little water, and apply to the spot from which the hair is to be removed. A few minutes suffice to produce this result.

# News and Miscellany.

### To Medical Colleges.

At the Convention of Delegates from Medical Colleges, called for the purpose of revising the system of Medical College instruction in this country, and which convened in Cincinnati, May 3d, 1867, the following resolution was unanimously adopted:

"*Resolved*, That a committee of five be appointed by the President, whose duty it shall be to present the several propositions adopted by this Convention, to the Trustees and Faculties of all the Medical Colleges in this country, and solicit their definite action thereon, *with a view to the early and simultaneous practical adoption* of the same throughout the country. And that the some committee be authorized to call another convention when deemed advisable."

The undersigned Committee, appointed for the purpose of carrying into effect the instructions contained in the foregoing resolution, respectfully invite the attention of the Trustees and Faculty of each duly organized Medical College in the United States to the five following propositions, which after mature deliberation, were adopted by the said Convention with entire unanimity:

"*Resolved*, 1st. That every student applying for matriculation in a Medical College shall be required to show, either by satisfactory certificate, or by direct examination by a committee of the Faculty, that he possesses a knowledge of the common English branches of education, including the first series of mathematics, the elements of the natural sciences, and a sufficient knowledge of Latin and Greek to understand the technical terms of the profession; and that the certificate presented, or the result of the examination thus required, be regularly filed as a part of the records of each Medical College.

2d. That every medical student shall be required to study four full years, including three regular annual courses of medical college instruction, before being admitted to an examination for the degree of Doctor of Medicine.

3d. That the minimum duration of a regular annual lecture term, or course of medical college instruction, shall be six calendar months.

4th. That every Medical College shall embrace in its Curriculum the following branches, to be taught by not less than nine Professors, viz.

Descriptive Anatomy, including dissections; Physiology and Histology; Inorganic Chemistry; Materia Medica; Organic Chemistry and Toxicology; General Pathology, Therapeutics, Pathological Anatomy, and Public Hygiene; Surgical Anatomy and operations of Surgery; Medical Jurisprudence and Medical Ethics; Practice of Medicine; Practice of Surgery; Obstetrics, and Diseases of Women and Children; Clinical Medicine, and Clinical Surgery; and that these several branches shall be divided into three groups or series, corresponding with the three courses of Medical College instruction required.

The first, or *Freshman series*, shall embrace Descriptive Anatomy and Practical Dissections; Physiology and Histology; Inorganic Chemistry, and Materia Medica. To these the attention of the student shall be mainly restricted during his first course of Medical College instruction, and in these he shall submit to a thorough examination by the proper members of the Faculty, at its close, and receive a certificate indicating the degree of his progress.

The second, or *Junior series*, shall embrace Organic Chemistry and Toxicology; General Pathology, Pathological Anatomy, Therapeutics, and Public Hygiene; Surgical Anatomy and operations of Surgery; Medical Jurisprudence and Medical Ethics. To these the attention of the medical student shall be directed during his second course of Medical College instruction, and in them he shall be examined at the close of his second course, in the same manner as after the first.

The third, or *Senior series*, shall embrace Practical Medicine; Practical Surgery; Obstetrics and Diseases peculiar to Women and Children; with Clinical Medicine and Clinical Surgery in a hospital. These shall occupy the attention of the student during his third course of college instruction, and at its close he shall be eligible to a general examination for the degree of Doctor of Medicine.

The instruction in the three series is to be given simultaneously, and to continue throughout the whole of each annual college term; each student attending the lectures on such branches as belong to his period of progress in study, in the same manner as the sophomore, junior, and senior classes, each pursue their studies simultaneously throughout the Collegiate year in all our Literary Colleges.

5th. That every Medical College should immediately adopt some effectual method of ascertaining the actual attendance of students, upon its lectures and other exercises, and at the close of each session, or of the attendance of the student, a certificate specifying the time and the courses of instruction actually attended, should be given, and such certificate *only* should be received by other colleges as evidence of such attendance."

It will be seen that these propositions are designed to introduce into the system of Medical College instruction in this country, *four changes* of great practical importance, namely:—1st. A positive standard of preliminary education. 2d. A longer time in which to acquire a knowledge of the various branches of Medical Science and practice. 3d. A systematic and successive order of studies for the student. 4th. A certain amount of direct clinical instruction in a public Hospital as a part of the senior course. The desirableness of these changes is too apparent to require either argument or illustration. The plan for accomplishing them, adopted by the convention, as expressed in the foregoing propositions, is simple and easy of execution, provided the several colleges will act in concert.

It requires each college to obtain and place on record sufficient evidence that every student admitted to matriculation possesses a certain amount

of preliminary education. It requires *attendance* and *pay* for three annual courses of college instruction, as a condition for graduation; and arranges the whole curriculum of the college into three corresponding series of branches, so that each student can limit his attention to one series each year, thereby laying a foundation and building on it a superstructure in their natural order.

It contemplates such an increase in the number of members of each college Faculty, that four lectures per day can be given to each of the three *classes* in attendance, throughout the whole college term of six months. This would afford a very full course of instruction in each of the three *series* of *branches*, and yet give to the members of each class time fully to digest the instruction received. This would make it necessary during a part of each day that lectures should be given at the same hours to different classes. But as all Medical Colleges contain two and some of them three Lecture rooms, this would be attended by no inconvenience to the Faculty or students. The only valid objection which has been suggested by those connected with the Medical Colleges, is, that the increase in the number of each College Faculty required by the proposed plan, would necessitate a corresponding greater division of the income of each college, and thereby seriously reduce the amount received by any one member. If it is remembered, however, that while the plan requires a moderate addition to the number of members in the Faculties of most of the colleges, it also requires each student to attend and *pay full fees* for three courses of instruction instead of two, it will be seen that the revenues of each college derived from Lecture fees, will be increased in full proportion to the increase of the Faculty. As most of the colleges have allowed each member of the Faculty to sell his ticket to the class and retain the proceeds as his individual compensation, it has been thought, that the proposed division of the students, attending any given college, into three distinct classes, and assigning to each a distinct series of branches, would limit the sale of the tickets of any one professor to the special class receiving instruction in his department; and consequently would restrict his income in proportion to the restricted number of tickets sold.

This is simply a misapprehension. The Convention took no action regarding the rate of lecture fees in any of the colleges; but the plan proposed, was founded on the expectation that each student would pay the same aggregate fees annually, as under the old plan. For instance, a student attending his first course and taking out the four tickets of the Freshman series, would pay the same amount for the four that he now pays for the seven or eight that cover the curriculum in most of the colleges at this time. Hence, although each member of the Faculty would sell a smaller number of tickets, the income from them would be nearly the same. Or each college could have all lecture fees, from the several divisions of the class, paid to a common treasurer, and each member of the Faculty allowed to draw on such treasurer for his proportion of the same.

The 4th section or proposition adopted by the Convention, was not designed to fix the titles to professorships in the colleges, but simply to designate what was deemed necessary to constitute a proper Medical College Curriculum, and to determine what part of that Curriculum should be included in each of the *three series* of studies. Uniformity among the colleges in regard to this division into series, is very desirable in order to enable students, if they choose, to attend one series of studies in one college and another series in another without confusion.

To obviate embarrassment in making the change from the present system of college instruction to the one proposed, we would suggest that all students who should have so nearly completed their period of study at the time fixed for making the change, that an attendance on a single additional course of Lectures would render them eligible to graduation, should be allowed to complete their course by attending the *senior* department under the new arrangement; while all who are in the first half of their period of study, should be subject to the new arrangement in full.

That the interests of medical science, the honor of the profession, and the welfare of the people, urgently require important improvements in our system of medical education and medical college instruction, is apparent to all. The public sentiment of the profession as expressed through the National, State, and local Societies, and through the leading medical periodicals, cordially sanctions the plan here proposed. We therefore respectfully ask you to give it a full consideration, and return to the Chairman of the undersigned Committee answers to the following questions:

1st. Do your Faculty, together with the governing authority of your College approve of the several propositions as a whole?

2d. If you do not approve of the plan of revision as a whole, what changes would you suggest?

3d. If you approve of the plan as a whole, or of all its essential features, will your College be ready to adopt it practically, and issue your Annual Announcement for the College term of 1868–9, in accordance therewith; provided all the principal Medical Colleges in this country (or at least those in the cities of Boston, New York, Philadelphia, Baltimore, Richmond, Charleston, New Orleans, Louisville, Cincinnati, St. Louis, Chicago, Buffalo, and Albany,) will agree to do the same at the same time?

The great desideratum is to secure both harmony and concert of action on the part of the Medical Colleges, in the adoption of such measures as will at once place the system of medical education in this country on such a basis as the extent of the science and the responsibilities of its practical application in the prevention and treatment of diseases, require.

N. S. Davis,
S. D. Gross,
Geo. C. Blackman,
F. Donaldson,
} *Committee.*

*Chicago, Aug. 1st*, 1867.

*[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]*

## MARRIED.

CONNOLLY—KILLORAN.—Sept. 24, at St. Vincent de Paul's Church, Twenty-third street, New York, by the Rev. Father Lafont, Pastor, James J. Connolly, M. D., and Miss Ellie M. B. Killoran, both of New York.

IRVINE—VENABLE.—At Wheatland, Mecklenburg co., Va., Sept. 5th, by Rev. B. W. Moseley, Capt. Jesse Irvine, of Bedford co., and Miss Margaret A. Venable, daughter of Dr. P. C. and Mrs. Emily E. Venable.

LOSHELL—PECK.—In Brooklyn, E. D., Sept. 24, by the Rev. W. H. Boole, Dr. R. M. Loshell, of Beaver Valley, Pa., and Miss Mary Peck, of Brooklyn, E. D.

PATTERSON—MCELLIGOTT.—Sept. 26, by the Rev. John Thomson, Walter M. Patterson, of Connecticut, and Emma P., daughter of the late Dr. James N. McElligott, of New York.

## DIED.

BASSETT.—In New York, Sept. 25, of phthisis, Caroline A., wife of Dr. J. S. Bassett.

EVANS.—At Lewisburg, Pa., Sept. 23d, Charles R. Evans, M. D., son of the late David Evans, of New Britain, Pa., aged 28 years.

WATTS.—In Paris, France, on Sunday, Sept. 8th, Robert Watts, M. D., Professor of Anatomy in the College of Physicians and Surgeons, New York.

## OBITUARY.

### T. M. Taggart, M. D.

The Wayne County Medical Society having heard, with feelings of deep regret, of the death of one of its most valued members; therefore,

*Resolved*, That by this dispensation of Providence we have lost an agreeable associate and skilful practitioner of medicine.

*Resolved*, That the Society, collectively and individually, tender to the family of the deceased deep and heartfelt sympathy in their bereavement.

*Resolved*, That a copy of these resolutions be sent to the family of Dr. TAGGART, that they be published in the MED. AND SURG. REPORTER, and inscribed in the minutes of the Society.

J. M. WEAVER, M. D.,
Secretary.

## ANSWERS TO CORRESPONDENTS.

*Dr. D. G. R., of Ky.*—A plain article of skeleton would cost you, delivered, about $30.00.

*Dr. S. H. B, of Tenn.*—Sydenham's works can be bought here in Latin for $300. We do not think we can get an English translation.

*Dr. H. C. A., Mich.*—Kidder's machines (electro-magnetic) cost $20.00. The best hypodermic syringe, $10.00.

## METEOROLOGY.

| September, | 16, | 17, | 18, | 19, | 20, | 21, | 22. |
|---|---|---|---|---|---|---|---|
| Wind | S. W. | S. W. | S. W. | W. | S. W. | W. | N. W. |
| Weather | Cl'dy. | Clear. Sh'r. | Clear. | Clear. | Cl'dy. Rain. | Clear. | Clear. |
| Depth Rain | | 4-10 | * | | 4-10 | | |
| *Thermometer.* | | | | | | | |
| Minimum | 57° | 65° | 66° | 68° | 65° | 62° | 54° |
| At 8, A. M. | 65 | 70 | 69 | 75 | 68 | 66 | 67 |
| At 12, M. | 74 | 81 | 81 | 82 | 75 | 68 | 71 |
| At 3, P. M. | 75 | 81 | 81 | 83 | 76 | 70 | 69 |
| Mean | 67.75 | 74.25 | 74.25 | 77. | 71. | 66 50 | 65.25 |
| *Barometer.* | | | | | | | |
| At 12, M. | 30.4 | 30.3 | 30.3 | 30.2 | 30.2 | 30.3 | 30.2 |

*Germantown, Pa.* B. J. LEEDOM.


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## THE WOMAN'S MEDICAL COLLEGE OF PENNSYLVANIA

The Eighteenth Annual Session of this institution will open on Wednesday, Oct. 16th, 1867. For further particulars, address the Secretary, Mrs. E. H. Cleaveland, M.D., Woman's Hospital, North College Avenue and 22d street, Philadelphia.

A. PRESTON, M. D.,
439—451 Dean of the Faculty.

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THE

# MEDICAL AND SURGICAL REPORTER.

No. 554] PHILADELPHIA, OCT. 12, 1867. [Vol. XVII.—No. 15.

## Original Department.

## Lectures.

### A LECTURE ON CHRONIC BRONCHITIS.

By Prof. A. P. Dutcher, M. D.,

Of Cleveland, Ohio.

#### I. Causes of Chronic Bronchitis.

These are numerous, including all those that produce the acute form, and several others. But I am quite satisfied from my own observation, that the most common cause of this disease in our latitude, is frequent and continued attacks of the acute form of the disorder. I meet with examples of this nearly every day. Some of you will remember the case of Brown, who I presented to you at several of our clinics last winter. He was thought by one of his physicians to be suffering with pulmonary tuberculosis, but we did not agree with him in that opinion. Chronic bronchitis was his disease, evidently induced by repeated attacks of the acute disorder, which were caused by intemperance in the use of alcoholic stimulants, and certain violations of the laws of health, such as sleeping on the cold damp earth, and exposing himself to all kinds of weather without proper clothing. In the medical wards of all our large hospitals you will frequently meet with cases of this kind. They are commonly individuals who have fallen victims to all the degrading vices of our modern civilization, and if you have a keen diagnostic eye, you can almost make out the character of their malady, without a physical exploration of the chest.

But the most severe and fatal form of chronic bronchitis is produced by the habitual inhalation of certain noxious gases and air loaded with dust. Thus it has been well established, that needle pointers, stone cutters, millers, leather dressers, and workers in artificial hair, and feathers, are especial subjects of the disease. In these instances the phenomena of the disease very much resemble phthisis pulmonalis, and I have on several occasions known practitioners to confound it with that disorder. The constant inhalation of sulphuric acid gas by those engaged in refining coal oil, produces a form of chronic bronchitis, that is often mistaken for pulmonary tuberculosis. About a year since a man came to me, whose case had been pronounced as one of phthisis by three of our best physicians. He had been employed in refining oil for four years. Never used any means to protect his breathing organs from the noxious gases engendered in the process, like his follow-workmen, thought his lungs were so strong that he did not need them. I made out for him a clear case of bronchitis; prescribed treatment accordingly, and advised him to quit the business. In three months he regained his usual health, and has not a symptom of the disease since.

In this city, chronic bronchitis is a very common disorder, particularly among those engaged in out-door employments. And this is not so much owing to any special influence of our climate or freaks in atmospherical vicissitudes, as to a mineral dust with which our air is loaded. This I have clearly demonstrated by the microscope. Our city is built upon a vast sand bank. This sand is composed in a great measure of minute atoms, which under a magnifying power of fifty diameters, with reflected light, look like crystaline quartz, sparkling like diamonds, very beautiful to behold. In dry windy weather, the air is filled with the dust containing these crystals, and are freely taken into the lungs, and no doubt frequently adhere to the bronchial mucous membrane, in such a manner as to produce, in some individuals, irritation, congestion, and inflammation. I have often seen these crystals in the sputum. Last spring I had an expressman under my care, who had suffered with bronchitis for more than a year. I frequently found them in his expectoration in great abundance. After treating him for more than three months, with very little benefit, I recommended him to relinquish his occupation, and go to some place where he would be free from the dust. He followed my advice; went up to Lake Superior, stayed two months and returned perfectly well. But he soon found that if he was to remain free from his old malady, he could not remain in Cleveland. He, therefore, left and went to St. Pauls,

Minnesota, and the last I heard from him, he had good health.

Sexual excesses and self-abuse, I have found to be frequent causes of chronic bronchitis. In looking over a list of fifty cases, which have fallen under my care during the last six years, I find that ten of them have been attributed to these causes. And they were mostly individuals in middle life; the period when the sexual propensities are the most vigorous, and prompt to the most unlimited indulgence. You will occasionally treat a patient for a long time, who is suffering from an ordinary attack of chronic bronchitis, and after exhausting your stock of therapeautics, you will wonder that he does not recover. You are well satisfied that the diagnosis is correct. He assures you that his habits are all right, that your prescriptions are faithfully attended to, and there is no improvement. Indeed you may treat him as long as you please, and he will not be cured, until you expose the secret source of his malady, and compel him to abandon it. After treating a very intelligent patient for this disease a long time, I remarked to his wife one day, that it was exceedingly strange there was no improvement in his case, I could not see that he was any better than when he first came under my care, and I began to fear that there was something about his case I did not understand. "Sir!" said she with great emphasis, "my husband is a perfect animal. His sexual excesses I fear will be the death of him. If you could do something to make him more moderate in this particular, I think all would be well." I took the hint; lectured him upon the evils of his habit; ordered not only moderation but total abstinance. He followed my advice, and the lady's prognosis was speedily verified.

Another fruitful source of this form of bronchitis is the tobacco habit. If you doubt this, look into the mouth and throat of the first inveterate tobacco smoker and chewer that you meet with. But you need not go out of this lecture room to find an example. Permit me to select one out of the class. Here is P., a gentleman of the nervo-sanguineous temperament. Has been in the habit of chewing tobacco as long as he can remember, and is a perfect slave to it. Now look into his mouth. He has had a fine set of teeth, well arranged, but they are now discolored and ruined by his filthy practice, and some of them are ready to fall out from the deep incrustation of tartar surrounding them. See his gums how red and spongy they are, the slightest touch causes them to bleed. His tongue is pointed, red at the edges, and covered in the centre with a thick yellow coat. The mucous membrane of the fauces and throat is highly injected and very red, down as far as the eye can see. Now if you could open the wind pipe, down to its final ramifications, you would find its entire mucous membrane presenting the same red and injected appearance as the fauces and the throat. Indeed they are but an index of the condition of the entire mucous membrane of the breathing apparatus. And who will pretend to deny that this condition is not favorable to the invasion of inflammatory action? It is the first stage in that process, and all that is needed, is some slight cause to call it into action, and he may have either, pharyngitis, laryngitis or bronchitis, and all their distressing sequence. P., says, he has repeatedly suffered from bronchial catarrh, and is now troubled with morning cough and expectoration. I would advise him to abandon his tobacco habit at once.

In seeking out the causes of chronic bronchitis, you must not look alone for those that are tangible or primary, for you will not unfrequently find them quite remote or secondary. Let me give you an example. Here is A., a patient of mine who has been ill for three months. He has apparently a mild form of chronic bronchitis. He does not appear to have been benefited in the least by my treatment, although it has been prompt and energetic, directed entirely to the bronchial trouble, supposing it to be primary. Let us see if we can discover why we have failed. Perhaps a more rigid examination will find some other organ seriously at fault. Let us commence with the heart. Percussion and auscultation elicit nothing abnormal. There is no evidence of pulmonary tuberculosis. Digestion is not very good, and the bowels costive; there is some tenderness in the region of the stomach, but nothing further worthy of special attention. He has pain occasionally in the right hypochondriac region, but there is no fulness or tenderness in that situation, and nothing that would indicate disease of the liver. There is considerable tenderness on pressure over the kidneys. We will now examine the urine. You see it is light straw color; its specific gravity 1009; slightly acid; heat and nitric acid shows considerable albumen; under the microscope, epithelium from the pelvis of the kidneys; pus cells, and uriniferous casts. The quantity of urine passed during the day is small. Now here, gentlemen, we have a clue to this patient's difficulty. Desquamative nephritis and its ordinary consequence uræmia. The bronchitis is kept up by an effort of nature to eliminate the urea and uric acid through the

bronchial mucous membrane. Perhaps we may succeed in curing the nephritis, if so the bronchitis will vanish as if by magic. We find the same thing in other blood poisonings. But we have not time to consider them just now.

### II. Symptoms of Chronic Bronchitis.

This disease commonly prevails in two forms, the *mild*, and the *severe*. The first is the common *bronchial catarrh* of our standard medical authorities. It is generally manifested by a slight habitual cough and expectoration, which are increased by sudden changes of the weather, and prevails mostly in winter and spring. It is confined chiefly to individuals in advanced life. Indeed it is not uncommon for persons afflicted with this form of the disease, to expectorate more or less every day for years, and yet continue to enjoy a measure of health. They may at times suffer somewhat from dyspnœa, particularly when the disorder is slightly aggravated, and under such circumstancee also they may lose a little flesh; but this is soon regained. I have had patients of this kind under my care for years; they would be nearly well in the summer, but as soon as the cold damp weather of autumn would once set in, their old enemy would commence its ravages, and in spite of every therapeutical measure, continue to annoy the patient until the return of summer. In this form of the disorder the expectoration is commonly glairy mucous, sometimes puriform, in irregular shreds, and but rarely moulded to the form of the tubes. During the active stage of the disease, there is sometimes slight chills in the morning, and fever in the after part of the day and a portion of the night. The appetite is generally not much impaired, neither is the patient's sleep much disturbed at night, and if it were not for the morning cough and expectoration, he would think himself quite well.

In the second form of chronic bronchitis, the general and local symptoms are more aggravated. The reason for this is found in the circumstance, that it more frequently succeeds to an attack of acute bronchitis, than the first form; particularly when it has been neglected or badly treated so long that the bronchial mucous membrane and other structures are permanently injured. In such instances, although the expectoration may have become partially opaque, and the usual febrile symptoms very much relieved, yet the disorder may become stationary, manifesting symptoms simply of a low grade of inflammatory action, with unsubdued and more spasmodic cough, often with an augmentation of dyspnœa, soreness, and wandering pains in the chest, and more or less derangement of the general health. The expectoration becomes different, or of different degrees of consistence, and mixed with opaque clots of a yellowish or greenish color, composed chiefly of mucous and pus corpuscles. When the expectoration is very copious, there is usually considerable prostration of strength, and loss of flesh. In some cases there is marked hectic, and other symptoms which may lead you to set the malady down as pulmonary tuberculosis. Indeed, I have known some of our best physicians to do this. This is especially the case, where the patient has suffered a long time with the disease, and it has resulted in structural alterations in the bronchial tubes. Let me read you a case from my note book, which to mind, illustrates very clearly the diagnosis between these two diseases.

### III. A Case of Pulmonary Bronchitis Mistaken for Pulmonary Tuberculosis.

March 22d, 1857. Called this day to see Rev. H. W., a distinguished methodist preacher, aged 37, of a marked bilious nervous temperament; has no hereditary predisposition to any disease; has always led a very active life, and commonly enjoyed good health until about a year since, the commencement of his present illness, which he attributes to a severe cold that he took, while engaged in holding a protracted meeting. Instead of suspending his labors, and calling in a physician, he continued his work until his malady became so severe, and his strength so much exhausted, that he was unable to go to his charge any more. He now had fever, pain in his chest in the region of the sternum, cough, mucous expctoration, loss of appetite, and constipation of the bowels. A physician was called in, pronounced his case lung fever, and for two weeks he was quite ill. After the fever left him, his appetite returned, his bowels became more regular, and he gained a little strength; but his cough and expectoration remained. Various remedies were now employed for the cure of these troublesome symptoms, and for six months he made but little improvement. He now called in homœopathy, and after trying its empty pretensions for three months, without benefit, he was induced by the advise of a ministerial friend, to consult the lamented Dr. Lawson of Cincinnati. The doctor saw him several times, examined his case carefully, and pronounced it phthisis pulmonalis, and gave an unfavorable prognosis. Two other distinguished medical gentlemen were consulted in the same city, and gave the same opinion.

At the time of my first visit, he had returned

from Cincinnati, and felt very feeble and desponding. Hope had well nigh given him over to despair. After repeated examinations of his case, I was not willing to say that he was suffering under pulmonary tuberculosis. He had, it was true, some symptoms of hectic, but they were not pronounced. The positive symptoms were wanting. Thus the tubercular diathesis was not marked; Thompson's gingival margin was absent, and there was no clubbing of the fingers. He had never had hæmoptysis, and the base of his brain was well developed. He was, however, very thin in flesh, had a frequent pulse, and hurried breathing. Auscultation elicited on the right side distinct clinking at the fourth intercostal space, with slight dulness on percussion just under the clavicle. On the left side there was no dulness on percussion, but auscultation elicited loud mucous rhonchi. On inspecting the chest, there was a slight inequality in the expansion movements of the two sides. The right side was quite restricted in its movements, while the left appeared to be augmented.

The history of the case, and the physical signs seemed to point out the existence of tubercular consolidation in the superior part of the right lung, with a considerable cavity in the middle lobe, and also chronic bronchitis. But they were not conclusive as to the disease being tubercular. The dulness was in the right place, but the clinking was not; for it is pretty generally conceded by our best writers on pathology, that in almost every case, that tubercular disorganization occurs first at the superior portion of the lung, and it is at this portion of the lung that cavities form, and clicking is most commonly first heard just under the clavicle or at the second intercostal space, about two inches from the sternum. The general symptoms and physical signs not being sufficient to make out a clear diagnosis of the patient's malady, we called to our aid the microscope, which had in several instances like this, helped us out of the woods. The sputum was carefully and repeatedly examined. It was found to contain the usual products of purulent expectoration, mucous and pus cells in abundance, but no tubercular granules, withered cells, pulmonary fibres, or meshes, all of which are necessary to make out a case of tubercular disorganization.

I, therefore, ignored the idea of phthisis pulmonalis, and placed the patient upon the following treatment, for chronic bronchitis:

℞. Potassii iodidi, ʒiij.
Hyd. bi-chloridi, gr. ij.
Ext. lobeliæ fluid, f.ʒj.
Syrup. stillingiæ comp.,
Syr. phell. aquat comp., āā f.ʒviiss. M.

Sig. One half ounce three times a day before each meal, and his chest over the bronchial regions was to be painted, most thoroughly, every night on retiring to rest, with

℞. Iodine (pure), ʒj.
Potassii iodidi, ʒij.
Aquæ puræ, f.ʒiv. M.

He was also ordered to inhale 40 drops of the following, every night before going to bed:

℞. Iodine (pure), gr. xx.
Chloroform, f.ʒj. M.

To quiet the cough and secure good rest at night, he took one of the following:

℞. Quiniæ sulph.,
Ext. hyoscyami, āā f.ʒss.
Morph. sulph., gr. iii. M.

Ft. in pill no. 15.

These therapeutical agents, and thorough attention to the sanitary condition of the patient, constituted the whole treatment, with very little variation for two months, at which time he was so much improved, that he took a trip to the sea shore; was gone two months, and when he returned was so far restored to health, that he was able to enter upon the duties of his calling; and when last I saw him, about a year since, he informed that he was still troubled with shortness of breath, and a slight cough, especially when he happened to overtax his voice in preaching, but in other respects enjoyed good health. And when I came to examine his chest, I found the same dulness and clinking in the right side, that were there years before.

And now some of you may ask, how do you account for these abnormal sounds if there was no tubercular disorganization in the lung? Listen for a moment and I will try and answer your question. In this patient's case there had at first evidently been an acute inflammation of the bronchial mucous membrane of the larger tubes, by neglect and mismanagement it extended to the bronchial air cells, which being permanently engorged or obliterated by effusion of lymph, will always produce more or less dulness, especially where a large extent of lung is affected. Again, it sometimes occurs that inflammation, instead of obliterating the bronchial tubes supplying a portion of lung, causes them to dilate. On post-mortem in cases of this kind, we occasionally find the bronchial tubes supplying the whole lung or a lobe dilated. In this instance, the bronchial tube when slit open may be larger, or larger than the trunk from which they originated, are easily exposed to the very periphery of the lung where they terminate in a *cul-de-sac*. Sieveking and Jones have presented their readers with an excellent diagram of this condi-

tion of the bronchial tubes, on page 389 of their work on Pathological Anatomy. In other cases, the tubes are abruptly enlarged at a particular point as a single tube, or several tubes near each other, uniting to form an irregular cavity. This we suppose to have been the condition of the bronchial tubes, in the case just given. The clicking heard was the air passing in and out of a large bronchial pouch, and not by a tubercular cavity.

Chronic bronchitis is sometimes confounded with other affections of the lungs, such as pulmonary congestion from heart disease, and emphysema. The diagnosis of ordinary chronic bronchitis from emphysema of the lungs is commonly very easy; but these two diseases are so frequently associated, and the symptoms which they occasion so nearly alike, that it is almost impossible to distinguish between them, and say which is the primary disease. Some writers maintain that bronchitis always precedes emphysema, while others maintain the contrary. I shall not attempt to decide this question just now, but will on some future occasion, when we come to treat of the diagnosis of emphysema.

[To be continued.]

# Communications.

## CASE OF SUNSTROKE.

By James B. Burnet, M. D.,
House-Physician, Bellevue Hospital, N. Y.

Marcus Higgins, æt. 35, a native of Ireland, was admitted to Bellevue Hospital, at 1, P. M., on the 13th of August. He was in a state of coma—breathing, slightly stertorous. Masticatory movements of lower jaw; pupils of ordinary size, not responding to the influence of light. Skin warm; pulse of considerable force, compressible and irregular, 100 in the minute. Bleeding from the arm, recommended by Dr. Flint was resorted to. About eighteen ounces of blood were drawn. After eight ounces had been taken, the pulse became softer and more regular. The flow of blood was arrested for a time, and again resumed as soon as the pulse became stronger. The cold douche was employed after the withdrawal of the first eight ounces, with good effect. The patient shrank from it. The douche was used whenever the patient's head became hot. The head was raised upon a pillow. The patient became semi-conscious in less than an hour, and full consciousness was restored in two hours. Sinapisms applied to the chest and lower extremities. Aqua ammoniæ to the nape of the neck, for the purpose of rapidly vesicating it. Two drops of oleum tiglii administered by the mouth.

7, P. M. Patient says he feels dull, but is fully conscious.

Aug. 14th. He is about the ward, and states that he feels well.

Aug. 15th. Reports himself quite well, and is discharged.

His history was as follows: He was at his work, on Pier no. 44, unloading a vessel in the hot sun. He had not had his dinner. Had taken two or three drinks during the morning. About 12 o'clock he felt giddy (but had no pain in his head) and started to go home. Had no recollection of what transpired after that. He was found by a policeman in the street, and brought to the hospital.

*Remarks.* The house-physician under whose care this patient was, states that the effect of the cold douche was in this case very remarkable. The patient was perfectly comatose, when it was resorted to. Soon after the water struck his head, he began to turn it from side to side, and after a few minutes he cried out, and before the douche was completed was able and conscious enough to answer questions.

During the summer of 1866, there was a large number of cases of sun-stroke treated in this institution, the following abstract of which has been prepared by Dr. E. H. Smith, one of our late house-physicians:

"There have been sixty-three cases of sunstroke admitted into the hospital this summer. Fifty-nine of these were admitted during the month of July. Fifty-three were males; ten were females; forty were fatal; twenty-three recovered; twenty-two were moribund when admitted, being unable to swallow, and dying within four hours after admission. About forty-five were comatose when admitted. About three fourths were complicated with diarrhœa, and a few with vomiting. There were rice-water discharges in three. Constipation was not marked in any case. The pupils were much contracted in about seven-eighths of the cases; in the remaining one-eighth they were dilated. The skin was intensely hot in all cases, except two in which it was cool. There were convulsions in twelve cases; opisthotonos in two. There was emission of semen in one case. Two cases were followed by delirium tremens; one of these proved fatal; one case was followed by subacute meningitis, and proved fatal.

"*Treatment. Stimulants* were tried in six cases,

but seemed rather to do injury than good; all of these died. Cold to the head, and friction with ice were used in connection with the stimulants; *chloroform* was given in drachm doses in one case with apparent benefit at first, but the patient subsequently died.

"*Bloodletting* was employed in three cases with no benefit; the patients all dying. *Bromide of potassium* with cold to the head, and alternation of heat and cold to the spine, was employed in eleven cases, five of which recovered. In one case the bromide was given, and the patient wrapped in a blanket wrung out of hot water; he recovered. In another case, the hot blanket was used in the same manner, with the effect of rousing the patient from a state of coma for a moment, but he ultimately died. No bromide was given in this case, as the patient was unable to swallow. In one case bromide was given in connection with the cold douche. In this case there was opisthotonos and greatly dilated pupils. The treatment seemed to relieve at first, but the patient ultimately died. In most of the cases the bromide seemed to act as a powerful diuretic.

"*Autopsies* were obtained in seven cases. The *brain* was much congested in six of these cases; in one it was apparently healthy. In five there was a moderate amount of serous effusion beneath the arachnoid and into the ventricles. The lungs were very much congested in every case. The *heart* was soft and flabby in four; healthy in three. In five the whole *intestinal canal* was very much congested, and presented numerous spots of ecchymosis. The mesenteric, solitary, and agminated glands were much enlarged and vascular. There were points of ulceration in the large intestine in two cases. There were in addition to these, quite a large number of cases admitted, complaining of headache, vertigo, etc., but not coming to the hospital until several days after they first felt the effect of the heat."

## HOSPITAL NOTES.

By S. F. Coues, M. D.,

Surgeon, U. S. Navy, U. S. N. Hospital, Chelsea, Mass.

### Syphilitic Iritis.

M. M., Fireman, æt. 25; Iritis. This was a well marked case of syphilitic iritis, the patient having been treated here for constitutional syphilis, a few months previous to this admission. He stated that the disease of the eye had been of some three weeks duration.

Pupil of left eye contracted; iris immobile, congested, striated, of dull leaden hue; lymph deposited abundantly, especially about pupillary margin; a tubercle of lymph of rather unusual size below the pupil. Conjunctiva and sclerotic injected. Pain very acute, vision much impaired. Condition somewhat cachectic, no eruption remaining.

Patient was put in a darkened room. Full diet was ordered, and sol. of atropia gr. ss. to f.℥ij. dropped into the eye. Coll. of tepid water.

*Second Day.* But slight effect from atropia, which has been applied twice. Pain less; inflammation subsiding; same treatment continued.

*Fourth Day.* Pupil dilating, iris less turgid, atropia continued. Ordered potas. iodid. gr. x., three times a day.

*Eighth Day.* Effused lymph being rapidly absorbed; upper margin of pupil more clearly defined. Atropia dilates the pupil decidedly, but irregularly.

*Thirteenth Day.* Effusion much diminished; inflammation of conjunctiva less. Potas. iodid. continued, and slight influence of atropia kept up; Coll. of sulph. zinc.

*Twentieth Day.* Progressing favorably, lymph nearly absorbed, tubercle much dimished in size. No further treatment required.

*Twenty-sixth Day.* The deposit of lymph is entirely absorbed. The iris is somewhat irregular in the contour of pupillary edge, and has not regained its natural color; the pupil is slightly contracted. The conjunctiva becomes inflamed from trifling causes.

The patient was soon afterwards able to work, vision being quite perfect, and the form and color of the iris nearly natural. Within a few weeks, however, other symptoms of constitutional syphilis manifested themselves, which yielded readily to treatment; and the man was discharged to duty, *well*—after having been employed some months in the fire room of the hospital.

This case is interesting from the well marked character of the disease, its severity, its undoubted origin, and from the fact that recovery was speedy and complete without mercurials. Other cases of less severity I have found more obstinate, and have been obliged to have recourse to mercury. I have never seen so extensive a deposit of lymph in an iris as in the above case.

—— Glauber Salts for Spots in the Cornea.—M. Luca, surgeon of one of the Neapolitan hospitals, says, in a communication to the French Acad. des Sciences, *en resumé*, the sulpate of soda in solution (in water), or still better in a fine powder, causes partial or total opacity of the cornea to disappear. The treatment must be continued for some time.

## CASE OF GUN-SHOT WOUND OF LIVER.

By W. E. Whitehead, M. D.,
Capt. and Surg., U. S. A., Washington Territory.

*Case:*—Francis H. V——, æt. 22; born in England; occupation a sailor; height 5 feet 7 inches; weight 147 pounds; blue eyes; brown hair; was wounded by a pistol shot, (a slug weighing 82 grs.,) on Monday June 3d, at 4 o'clock, P. M.; was shot from behind, ball entered 3¾ inches from a line drawn from the nipple of the right side to the superior spinous process of the ilium, and 5¾ inches from the right nipple, below, and posterior to the nipple. The slug or ball was removed by incision through the skin, at a point 2½ inches from the median line, and 3½ inches below the left nipple. At the time of the injury he bled very freely from the wound of entrance, and continued to lose considerable blood and bile till daylight next morning, when the hemorrhage ceased, but the flow of bile continues up to this time. I first saw the patient on Tuesday, June 4th, at half-past two o'clock P. M. He was quite feeble from loss of blood, breathing rapidly with slight spasm of the diaphragm, pulse small and frequent, 120 beats; tongue coated; skin of a yellowish tinge; extremities cold. Removed the ball at once; examined the wound and found the ball had entered on the right side, behind, and had taken out a small notch from the upper margin of the eighth rib, passed through the upper lobe of the liver, downward, forward, and toward the left side; passed out through the cartilages of the eighth and ninth ribs near the median line, and lodged under the skin 2½ inches from the median line upon the eighth rib.

June 7th. The patient was brought a distance of fifteen miles in a boat, and left in the hospital at this Post. When seen at 12 M. he was somewhat excited and fatigued; tongue coated; pulse 110; pain and tenderness in the abdomen; vomited frequently, bile or whatever he took into his stomach; (this latter symptom had been persistent since the day of injury;) bile and serum passing freely from the wound. Wound to be dressed with dry lint; to take one-eighth grain of morphia in solution; was first put to bed in a cool, quiet room.

P. M. Better; stomach less irritable; had slept some.

8th. 7, A. M. Pulse 90; tongue coated yellowish-white; skin clearer; less pain over abdomen; bowels not moved since day of the accident; urinates freely, urine highly colored. Treatment, morphiæ sulph., in solution, one-fourth grain every three hours; hydrarg. chlor. mit., gr. ij., pulv. Doveri, gr. iv., morning and evening. Diet, one raw egg and half-pint of milk in the twenty-four hours.

5, P. M. Pulse 105; tongue, moist edges, coated in the centre; bowels costive, urine free; vomiting ceased; skin warm; breathing less spasmodic, and respirations not so frequent; discharge from wound free, bile and serum.

*10th. 7, A. M. Pulse 90; tongue moist, more coated; skin natural; no pain, no vomiting; free discharge from wound of blood-clots, bile, and serum; slept comfortably; to have two boiled eggs and one pint of milk.

5, P. M. Pulse 95; tongue thick, white fur, moist; skin natural; no pain; at noon, had a free stool; fæces of a very light clay color.

11th. 7, A. M. Pulse 84; tongue furred white, moist; skin natural; bowels costive; urine free; wound clean; discharge not so free, bile and serum; breathing normal; slight ptyalism. To take of hydrarg. chlor. mit., gr. ¾, pulv. Doveri, gr. v., at bed-time daily; sol. morph., U. S. P., f.ʒj., ter in die. Diet, to have three boiled eggs and milk ad lib.

5, P. M. Pulse 88; tongue furred white, moist; skin natural; bowels moved, clay-colored fæces; urine free, paler; wound healthy, granulating; discharge same; vomited once; breathing natural; no pain; slight tenderness over small intestines.

13th. 7, A. M. Pulse 88; tongue furred white; bowels not moved; skin natural; breathing normal; no pain or tenderness; urine free and high colored; wound healthy; discharge free, more bile has been discharged since his gums have been touched; slept well; appetite good.

5, P. M. Pulse 94; tongue furred white, red edges; bowels moved once; skin natural; breathing normal; urine free, highly colored; wound healthy; discharge more free, more serum.

15th. 7, A. M. Pulse 88; tongue furred white; bowels moved twice; skin natural; breathing normal; urine free, same color; wound healthy, granulating; discharge less in quantity; more purulent.

5, P. M. Pulse 92; tongue furred, cleaning; bowels moved twice; urine free; skin natural; breathing normal; wound same; discharge more purulent.

17th. 7, A. M. Pulse 86; tongue furred white, moist; bowels moved once; urine free, color high; skin natural; breathing normal; wound healthy; discharge less in quantity, and not so

* We omit a portion of the daily reports.—Eds. Med. and Sueg. Reporter.

bloody; no pain; slept well; to have two eggs twice a day, beef-tea, f.ʒvi., once a day, bread, ʒij., milk.

5, P. M. Pulse 90; tongue furred; bowels moved twice, clay-colored fæces; urine free, same color; skin natural; breathing normal: wound healthy; discharge less bloody.

18th. 5, P. M. Pulse 94; Tongue furred, cleaner; bowels not moved; urine free, same; skin natural; breathing normal; wound healthy; discharge, more bile, no blood. To stop taking the hydrarg. chlor. mit., but to continue the sol. morph.

19th. 7, A. M. Pulse 86; tongue furred, moist; bowels not moved; urine free, same color; skin natural; breathing normal; wound healthy; discharge same; slept well; appetite good; to have five eggs a day, beef-tea, bread, and milk.

5, P. M. Pulse 94; tongue furred; bowels not moved; urine free; skin natural; breathing normal; wound healthy; discharge same.

21st. 7, A. M. Pulse 86; tongue furred, cleaning; bowels moved once, clay-colored fæces; skin natural; urine free, color same; breathing normal; wound healthy; discharge diminishing, purulent; did not sleep very well.

23d. 7, A. M. Pulse 86; tongue cleaning; bowels moved once, freely, same color; urine free, paler colored; skin natural; breathing normal; wound, healthy granulations; discharge not so abundant, more purulent; slept well; appetite good; to have four eggs and one pint of beef-tea, milk, bread, ad lib., every day.

25th. 7, A. M. Pulse 94; tongue slightly furred; bowels moved once, freely, color same; urine free, paler; skin somewhat dry and hot; breathing normal; wound healthy; discharge same, less in quantity; slept badly; some indigestion and weight in the stomach; slight feverish condition—all caused by eating some pudding and jelly. Was ordered to fast till noon.

5, P. M. Pulse 90; tongue clean; bowels not moved; urine free, paler; skin natural, lax; breathing normal; wound healthy; discharge thick, purulent; appetite good; dyspeptic symptoms disappeared; feels very well; no pain or tenderness anywhere.

27th. 7, A. M. Pulse 80; tongue clean; bowels moved once, clay colored fæces; urine free, paler; skin natural; breathing normal; wound healthy; and closed by elevated granulations, leaving a small channel for discharge. Discharge same, thick purulent; slept badly; complains of some tightness, on taking a deep inspiration; has no pain.

28th. 7, A. M. Pulse 84; tongue clean, moist; bowels moved twice, fæces darker colored; urine paler; skin natural; breathing normal; wound healthy; discharge less in quantity, thicker, less bile; pain complained of on inspiration gone; slept well; appetite good, to have six eggs, beef soup, milk, bread and tea; to sit up two to four hours a day.

30th. 7, A. M. Pulse 79; tongue clean, moist; bowels not moved; urine free, same color; skin natural; breathing normal; wound healthy; discharge much less in quantity till P. M., when a large and long clot was discharged, followed by a flow of bile, and purulent matter; slept well; appetite good, to have chicken and chicken soup.

July 2d. 7, A. M. Pulse 76; tongue clean; bowels moved once, slight tinge of yellow to fæces; urine free, natural orange color; skin natural; breathing normal; wound healthy; discharge much less in quantity, thick, purulent; slept well.

4th. 7, A. M. Pulse 80; tongue clean, moist; bowels moved twice, color same as before; urine free, normal; skin natural; breathing normal; wound healthy; discharge not so thick, purulent, very slight tinge of bile; slept well; appetite good, to have chicken fricassie and vegetables; to take a walk in the open air, once or twice a day.

6th. 7, A. M. Pulse 76; tongue clean, moist bowels moved once, fæces slightly tinged with bile; urine free, normal; skin natural, moist; breathing normal; wound healthy; discharge thick, purulent, diminishing daily; slept well; appetite good, to have beef and vegetable soup.

10th. 7, A. M. Pulse 78; tongue clean and moist; bowels not moved; urine free, normal; skin natural; breathing normal; wound healthy; discharge, diminishing; slept well; appetite good, eats at general table, walks out daily.

12th. 7, A. M. Pulse 82; tongue clean; bowels moved freely, fæces brown-colored; urine free, normal; skin natural; breathing normal; wound healthy; discharge very thick, streaked with bile; slept very well after a warm bath; present weight 116 pounds.

14th. 7, A. M. Pulse 84; tongue clean; bowels moved once; costive, but natural color to fæces; urine free; skin natural; breathing normal; wound healthy; discharge thick, purulent, tinged with bile a little; slept well; appetite good; took a long walk, and had his photograph taken.

15th. 7, A. M. Pulse 84; tongue clean; bowels moved once; urine free, natural color; skin natural; breathing normal; wound healthy; discharge thick, purulent, about one to one and a

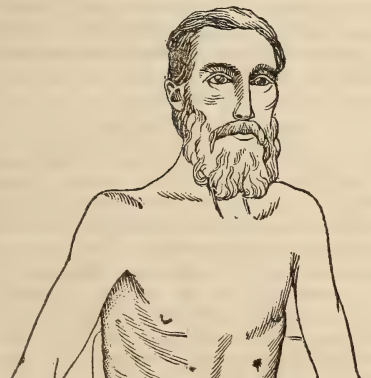
half ounces in quantity during the twenty-four hours; free bile discharged, and also mixed with purulent matter.

This P. M., went about fifteen miles, to a farmer's house situated on the Pacific Ocean shore, where the patient intends remaining till he is able to work. When last heard from, July 27th, he was doing finely, improving in flesh and strength. Discharge about the same, in quantity and quality, as when he left the hospital, July 15th.

The photographs show: No. 1. Side view, wound of entrance. No. 2. Front view, wound of exit.

Fig. 1.

Fig. 2.



## TETANUS FOLLOWING ABORTION.

By Drs. A. A. Thompson and J. A. Maclay.

Of Newburg, Cumberland County, Pa.

Mrs. F., in eighth week of pregnancy, aborted August 9th, 1867. Profuse hemorrhage attended the accident. The tampon was used to control it, and was successful. The lochia followed regularly, continuing until the 16th. Some constitutional symptoms were present, as slight fever, want of appetite and constipation; these disappeared, and such were her feelings on the 7th day that she imprudently left her bed, exposing herself to currents of wind, loaded with moisture. The same day she took her meals in the basement. On the 17th she experienced a slight stiffness of the jaws. But merely considered it a slight cold. This condition gradually grew worse. On the 19th she was sent some volatile liniment. On the 20th, her condition being alarming to her friends, she requested a visit. We found her jaws nearly locked. Opening by force one-eighth of an inch. Her tongue was stiff; the abdomen tympanitic; neck stiff; head slightly retracted; slight spasmodic condition of the muscles of the larynx. Great uneasiness in the præcordial region. At this time we applied a blister to the neck to remain six hours, to be followed by a poultice. Internally she took every two hours, opium, two grains, in combination with one grain of tartar emetic.

On the 21st, found her in bed, with all the symptoms aggravated. In connection with trismus was complete opisthotonos. The abdomen very tense. The bowels obstinately locked. Despairing of our remedies, which in this disease had so often failed, we determined, on the 23d day of August, to use tinct. cannabis indica, beginning with thirty drops every half-hour, until sixty drops had been reached. The first night she slept three hours with a little disturbance. On the 24th, she rested poorly. On the 25th, we discontinued its use, for the paroxysms were apparently more numerous, and the sufferings more intense. On the 26th, the constipation was relieved by an enema, which produced a small discharge, accompanied by a great rush of gas. Wine-whey and beef-tea were used to support life. The bowels rapidly became tympanitic again. At a consultation, on the 26th, with Dr. Hayes, he recommended an infusion of valerian, but without any effect. On the 1st of September, Dr. Grove, of Springfield, in consultation, advised the re-trial of tartar emetic, which we again used, at the same time employing sulphate of quinia hypodermically. We employed these

remedies, exhibiting every two hours, the first in half-grain doses, the latter in one-grain doses; her condition at the same time, and the repugnance to medicine, becoming very serious.

On the 5th of September her condition was such that we waited hourly for the end. Her body was very rigid. She begged us to destroy her. The pulse was 160, very quick and intermitting. Paroxysms occurring every few moments. Urine escaped involuntarily, and deglutition was impossible. It was at this time we suggested the use of chloroform by inhalation, at the same time warning her of the risk. She cheerfully consented to its use. We then administered two drachms of chloroform by inhalation, allowed her to remain quiet for twenty minutes, and then aroused her. Deglution was slightly possible, and we gave her two grains of opium. There was a partial return of the spasms, which was subsequently relieved by a second administration of the anæsthetic. Under the combined influence, she slept for five hours undisturbed. Without the relaxing effect of chloroform, the exhibition of opium would have been impossible. With it we obtained most excellent results, for the mouth slightly opened, the paroxysms occurred less frequently, and she experienced great relief. On the 6th and 8th, the treatment was the same. The idiosyncrasy of the patient prevented the further use of opium, which was replaced by fluid ext. belladonna, in forty-drop doses, until the pupils were dilated. This had an excellent effect. We continued the use of it, as symptoms indicated, for a week. She is now rapidly convalescing. This condition was shown by a general feeling of formication, and a great flow of saliva. She is now able to roll her head in any direction, is regaining power in her back, can use her limbs and arms, drinks water from a glass, can eat soft-boiled eggs, game, rice, etc., with great ease. Articulates distinctly. The spasm of the spine is slow in disappearing. On the 17th of September, was able to sit up for two hours, which she has been able to do since that time. On the 22d, with a little aid, she walked from her chair to the bed. She is rapidly convalescing, having no return of the spasms.

### Red Ink.

Red ink, which, it is said, will not lose its beautiful bright color after hundreds of years:

℞. Best cochineal carmine, gr. iv.
Liquor ammonia, ℥iii.
Gum acacia, gr. x.

First put the carmine and liquor ammonia into a suitable vial; then add the gum acacia, and allow it to dissolve, when the ink will be ready for use.

# Hospital Reports.

Jefferson Medical College,
*September* 21*st*, 1867.

## Surgical Clinic of Prof. Gross.

Reported by Dr. Napheys.

### Scrotal Hernia.

John S., æt. 2 years. This child has had a scrotal swelling since he was three months of age. It was very small at first. It extends high up in the groin, and is pyramidal in shape, with the apex presenting downward, corresponding with the free extremity of the swelling. On applying the finger it sinks into the tumor, on removing it, there is a reproduction of the swelling. When the child cries it becomes very stiff, enlarges and becomes erect as it were. The testicle can be felt at the lower extremity of the tumor. There is no translucency present.

If this swelling were a hydrocele translucency and fluctuation would be observed, there would be no diminution under pressure, no increase under the cries of the child, and the testicle would not be situated, as in this case, at the bottom but at the posterior portion of the tumor, some little distance above the inferior extremity, about the junction of the middle with the inferior third.

This affection is a scrotal hernia, originally inguinal, as all hernias which come down into the scrotum must be. It contains a portion of the small intestines, possibly also a part of the omentum, which protruded through the external ring when the child was three months of age, and continued to increase to the present time, in consequence of a want of proper treatment and which, if allowed to progress, will progress downwards to the knee, reaching perhaps ultimately that point.

The hernia is evidently reducible from what the mother states. The proper remedy is a truss well constructed, well applied and carefully worn. A truss with a wooden block was ordered for the child. The case is a bad one on account of the large size of the opening.

### Abscess of the Cheek.

Wm. G. R, æt. 8 years. This child has been affected for four months with a swelling on the right cheek. Sometime previous to its appearance the part was bruised by a fall. There is no defect on the part of the teeth. Not unfrequently it happens that the teeth in a state of decay, caries or necrosis, are the cause of swellings upon the face in this portion. There is evident fluctuation. It is doubtless a chronic abscess, provoked by the injury which the child received four months ago. It has somewhat the appearance of a sebaceous tumor, but this is a situation in which that class of tumor is rarely met with, neither would a sebaceous tumor have attained so large a size in so short a period, nor would there be so much discoloration of the skin as is here present.

The abscess was opened, the pus evacuated through a small opening, and the extremity of

the knife handle introduced to scrape the cavity, so that alterative inflammation might be set up. As the skin was found to be undermined, completely separated, it was removed. Thus much less of a scar will follow than would have resulted if it had been allowed to remain. Whenever the skin is completely dissected off from the parts around, when all the cellular tissue by which it is connected to the subjacent structures is effectually destroyed, there is no hope of anything like satisfactory union to the parts beneath. A dressing of simple cerate was ordered to be renewed four times a day. If the abscess had been simply opened and the surface not scraped, a very long time would elapse before a cure would be effected.

### Keloid Tumor on the Ear.

Susan R. æt. 19. This young woman, a mulatto from Bermuda, has been laboring under a keloid tumor situated on the lobe of the left ear, mainly, for three years. Its formation was consequent upon the perforation of the ear with a view to the wearing of a ring, a frequent exciting cause for this affection.

Yesterday afternoon, Professor Gross stated, he saw in a young married woman from the interior of this state, a keloid tumor lying immediately in front of the sternum. It was originally very small. After it had attained the volume of a split pea, it was removed by a physician. During the process of cicatrization the keloid formation recommenced, and now the tumor is at least eight or ten times as large as it was prior to the operation, performed only a comparatively short time ago. In speaking to her of the peculiar nature of these tumors, Professor Gross mentioned casually that they were occasionally ingrafted upon the scar left by vaccination, when she immediately said she had one on her right arm, precisely at the spot of the vaccination scar.

These tumors, originally described by Alibert of Paris, derive their name from the fact that in some portions of the body they resemble very much the claw of a crab. They consist essentially of fibroid or fibro-plastic matter, presenting under the microscope all the characteristics of a fibroid tumor. They belong to that class to which the term recurrent has been applied. Often when most carefully removed the operation will be followed by a return of the disease.

From what Professor Gross has seen of this growth as it occurs in the ear, he thinks it is more common in the colored race than in the white. This is the fifth or sixth case of this kind he has seen in this situation, produced by the perforation of the ear for the purpose of wearing a ring.

The patient was placed under the influence of chloroform and the tumor carefully removed, the wound being closed by four stitches.

### Epithelial Tumor on the Back.

Jno. McF., æt. 45. This man has had a small tumor on the lower portion of the back, over the spinal column, for five years. It projects a few lines from the level of the surrounding surface, has a scab upon its centre, the skin covering it is discolored, and the tumor as well as the parts upon which it is situated feels very hard. It bled frequently formally but has not done so of late. The scab comes off from time to time and is renewed. There is some little stinging, itching pain in it.

This tumor is evidently epithelial in character. It looks as if it might be fibroid, but from the fact that it has been growing very slowly for four or five years, and has taken an ulcerative action, the inference is not of such a nature. A fibroid tumor grows with greater rapidity than this has done, and does not take on ulceration, especially in its earliest stages.

The tumor was removed with the knife, and the wound closed by two twisted sutures. The pins should be retained after operations performed in this part of the body for five or six days, or a week, because of the great amount of motion to which the parts are subjected. No other dressing will be required. The pins were covered up with adhesive strips.

## Editorial Department.

## Periscope.

### Gonorrhœal Rheumatism.

The following case of gonorrhœal rheumatism, with treatment, by Wayne Griswold, M.D., appears in the *Western Journal of Medicine:*

Called to see Mrs. ——, February 18th, 1867. She lives in the country; is a farmer's wife; had generally been healthy; strumous taint in the constitution. Age 40 years; light complexion, light-colored hair, blue eyes, and tolerably fleshy. When her husband came for me, he told me his wife was very sick with rheumatism; had been bad for two weeks. I also found she had been under the care of a quack.

I found her in bed, unable to move, with the right knee extensively swelled; very tender to the touch; moaning with excruciating pains; increased heat, but no redness of the skin. Could not move the limb; the knee was large and white, but intensely tender and painful, resembling in appearance more an indolent white swelling than rheumatism.

The pulse was one hundred, and irritable; tongue white; bowels had been moved; water high colored, containing an excess of lithates, some pain and burning on passage of water. Upon inquiry I found there was some vaginal discharge. At first I could not satisfy my mind what ailed the woman. There were severe inflammation, great swelling of the knee, presenting all the local phenomena of rheumatism except the redness of the skin, and the unusual fulness and roundness of the joint, more so than are generally found in rheumatism. The pain, tenderness, increased heat, swelling and redness of the skin, which characterize rheumatism, were all present except the redness. Any attempt to move the limb, or the slightest pressure, was extremely painful.

She had been growing daily worse for two weeks. I reflected some time upon the case be-

fore I could make out a diagnosis. Here was an elegant farmer's wife, in easy circumstances, living ten miles from town. Could she have gonorrhœal rheumatism? I know "this is a sad wicked world."

After many inquiries, I told her she had not given me all the particulars of her case. She said I had better call her husband in, that he could explain the matter better, which I did. He informed me that some six weeks before he had been East with a drove, and had returned with a gonorrhœa, and probably had given it to his wife. This information filled up all deficiencies in the case. The diagnosis was full, complete and plain.

*Treatment.* One of the following powders was given every four hours for two days:

℞. Potassa nitras, gr. cxx.
Hydrarg. cum creta, gr. xxiv.
Morphiæ sulph., gr. ii.
Ft. pulv. No. xii.

After which the powders were continued every six hours, leaving out the hydrarg. cum creta, with the following in teaspoonful doses between the powders:

℞. Potass. iod., gr. clxxix.
Aquæ puræ, ℥i.

*Local Treatment.* Large blisters to the knee, first below from the centre down and around the limb, then above. These were kept sore by the use of the calomel and iodine ointment. This treatment was continued for five weeks with slight variations. The vaginal discharge was let alone, except the use of soap with injections.

After the reduction of all active inflammation, and the cessation of all pain, and much of the tenderness, the knee was painted daily with the following compound:

℞. Collodion, ℥i.
Iodine, gr. xxx. M.

By the evaporation of the mixture a perfect cap was formed over the entire joint, pressing equally upon all parts, and it also contained one of the best sorbefacients we have. Over this a bandage was applied to aid in constant pressure over the knee. Under this treatment the effusion was rapidly absorbed.

The general treatment was also changed at the same time to the syr. fer. iod. and cod-liver oil.

During all the treatment, I generally gave a free dose of quinia about 5 o'clock, A.M. I seldom treat any severe or obstinate disease that I do not give one or more doses of quinia early in the morning, at the time when the vital forces are at the lowest point. And we have no medicine or stimulant that acts so directly upon the nerve centres, creating nerve force, not only upon the nerves of sensation and volition, but upon the nerves of organic life.

After the reduction of most of the swelling, narrow strips of blister plaster were applied around the joint for some time, to reduce the thickening of ligaments and tendinous portions of muscular attachments around the knee, at the same time using gentle motion.

An injection of zinc sulph. checked the vaginal discharge. It had nearly ceased before.

This was the general course of treatment persevered in up to May 12th, when the case was dismissed. She being able to move about with a staff, felt quite well, had gained several pounds of flesh during the last month, could extend the limb within a few degrees of straight, and flex it so as to walk comfortably. The effusion was entirely gone, yet there remained some thickness of the ligaments of the joint, with a good prospect of entire use of the joint.

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### Subcutaneous Incision in Carbuncle.

The Paris correspondent of the *British Medical Journal* makes the following remarks on this method of treatment:

"I have had several opportunities of seeing, at the Hôpital St. Louis, in the service of M. Guérin, cases of anthrax, more or less grave, treated by his method of subcutaneous incision. This proceeding counts many partisans among us. It consists in plunging in the centre of the anthrax a straight bistoury, which is immediately insinuated on the flat under the skin beyond the limits of the swollen part; and, as soon as the limit is passed, the cutting edge of the instrument is turned towards the deeper parts, to incise them from the circumference to the centre, till the sensation felt indicates that resistance is overcome. This first incision only indicating one radius of the diseased surface, three others are made, which converge towards it to the point at which the bistoury was introduced. When the integuments offer a mortified point, or an orifice, it can be used for introducing the instrument, without its being necessary to divide the skin to however slight an extent. The success of this operation, says Dr. Guérin seems to solve the question of the seat of anthrax; for, if it be practised at the outset of the malady, it arrests the march of it, and opposes the mortification of the skin. Often the cellular tissue suppurates, and is eliminated under the form of a 'core;' while the skin presents no alteration. The subcutaneous incision of anthrax has the special advantage of relieving the patients from the liability of erysipelas and to purulent infection. Besides, this means is not very painful; for it spares the skin, which is of all the tissues that of which the incision produces the most pain. Finally, it does not give rise to a deformed cicatrix—a consideration which is not to be disdained when the anthrax is seated on the face or any other uncovered part of the body. After the incision, emollient poultices are applied; and in all cases the cure occurs more quickly than by any other treatment."

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### Treatment of Cancer.

The Parisian surgeons have recently been experimenting with a new application to cancerous sores.

"According to several practitioners, experience is very favorable to the employment of azotite or ammoniuret of copper, recommended recently by M. Chapelle, in the treatment of cancerous affections. This agent is said to have no action on the healthy tissues, while it rapidly disorganises cancerous surfaces. It has, besides, the ad-

vantage of calming the pains and diminishing the fœdity of the ulcers. The azotite of copper is employed in solution; and it is necessary to continue its use during several months."

# Reviews and Book Notices.

## NOTES ON BOOKS.

The subject of electrolysis as a means of treating aneurisms is discussed in an interesting monograph by Dr. DUNCAN, reprinted from the *Edinburgh Medical Journal*. He mentions one case of carotid aneurism successfully reduced by this means. Dr. THOMAS READE, of London, has collected and published in book form a number of papers contributed to the *Dublin Journal of Medical Science*, on "Syphilitic Affections of the Nervous System." It is a topic of great importance, not hitherto properly appreciated. Another contribution to syphilography is the "Report and Evidence of the Venereal Commission" appointed by the British government. It is a volume of considerable bulk, setting forth the views of most of the leading authors on the much vexed questions it treats of, but, notwithstanding its size, is offered for the moderate sum of four shillings, by ALLEN & Co., Waterloo Place, London.

A Thesis just published in Paris, by one of the graduating class, a Persian, commences in the following style: "Eternal glory to Nasser Ed-Dinu-Padischah, whom the people admire, and to whom the West yields justice." But in spite of such a formidable exordium, it was sustained, according to the *Moniteur*, with remarkable success.

Dr. FLETCHER'S "Railways in their Medical Aspects," recently published in Great Britain, is, doubtless, a manual of value.

Dr. A. BASTARD has published in Paris an *etude* on the treatment of the curious disease, quite common in Picardy and other departments of France, called *la suette miliaire*. It is an eruptive fever, of four to eight days duration, characterized by a papulo-vesiculous eruption the size of a grain of millet, (whence the name, which is *not* to be translated "the military sweat," as one of the Paris correspondents has it,) and profuse perspiration. The treatment he recommends is the warm bath.

A "Contribution to the Etiology of Goitre and Idiotism," is announced from the pen of Dr. E. BARON.

The Society of German Physicians of Paris have compiled a valuable little work, called "La Medecine à l' Exposition," describing everything of medical interest in the Great Show.

The second number of the "Quarterly Journal of Psychological Medicine and Medical Jurisprudence," edited by Dr. WM. A. HAMMOND, has reached us. It is more to the purpose than its predecessor. The leading original article is by Dr. S. B. HUNT, on "The Negro as a Soldier." It contains some new and important facts, bearing on the relation of races. On the whole, it is favorable to the black man. We are surprised, however, that Dr. HUNT should follow MORTON in craniology, whose reveries have long been set aside by WILSON and MEIGS; and also that he should persistently spell Toltecan, *Tottecan*, or set any store at all by that obsolete antiquarian theory of MORTON'S. The second article is a "Review of the Trial of MARY HARRIS," by Dr. R. L. PARSONS, the lady who, it will be remembered, shot the clerk BURROUGHS, in the Treasury Department. It asserts her insanity, and states that she is now a patient in a lunatic asylum. "The Dangerous Classes of the Community," by Dr. T. E. CLARK, is a rather vague article on the physical predispositions to depravity. In his definition of the will he falls into the error, (so lucidly pointed out by GUIZOT in the fifth chapter of his *Histoire de la Civilisation*,) of confounding it with antecedent causes and conditions, and is hence drawn toward a doctrine of necessity, and to the conclusion that "the will depends upon the nature of the individual."

The selections on "Suicidal Monomania," "On Drawing," and on the "Application of Electricity to Therapeutics," are judicious and well translated. The "Psychology of Celibacy" sounds a trump of warning to old bachelors. Not only do they die sooner, but more of them go crazy before they do die, than married men.

The Journal is a novel feature in our literature, and deserves the support of the profession.

**Hufeland's Art of Prolonging Life. Edited by** ERASMUS WILSON, F.R.S. From the last London edition. Philadelphia: LINDSAY & BLAKISTON. 1867. 1 vol., 12mo., cloth., pp. 298. *Price*, 1.25.

CHRISTOFH WILHELM HUFELAND died full of years and honors, at Berlin, 1836. Chief Physician to the King, member of the Council of State, Professor of Special Pathology and Therapeutics in the Universities of Jena and Berlin, and seventy-four years of age at his death, he was a living proof of the wisdom of those maxims which he recommended to the world, to ensure a long and happy life.

The present volume is an abridgment of a

work he wrote in his thirty-second year, entitled "Macrobiotics," and designed to instruct men in the art of preserving their physical and mental health. Probably of all the works on popular medicine it has been the most successful. In 1797 it was translated into English, Mr. Wilson thinks by the author himself, and this translation it is which is now presented to the American public, with such omissions and notes as may be required by the advance of science. Yet it humbles amazingly our estimate of this advance, when we compare this work of the last century with the latest advice on the same subject,—for example, the charming essay of M. Flourens, *De la Longevitè Humaine*. Of the two, the older is the better book.

It is divided into three parts. The first reviews the various means by which men have sought to preserve life and health; the second treats of those indulgences and bad habits which shorten life; the third lays down the various physical, mental, and moral precepts which we must observe, in order to gain that advanced age and thorough condition of health, to which we are as a species rightly entitled.

We hope the work will have an extended circulation, both in and out of the profession, not merely because its advice is so sound, but for another reason,—for the impress of a high and noble nature, which is everywhere conspicuous throughout its pages. It is to be regretted that the editor says nothing whatever about the author's life, except that he was "Professor of Medicine at Jena." In fact, he was one of the finest characters that ever ornamented the healing art. He looked on it as a mission rather than a trade; and he proved by his life that the following apostrophe to the physician, which we quote from another of his works, however mediæval it may sound to the fashionable selfishness of to-day, was to him a living truth:

"Thine is a high and holy office. See that thou exercise it purely, not for thine own advancement, not for thine own honor, but for the glory of God and the good of thy neighbor."

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**Woman's Rights. By Rev. John Todd, D. D., Boston: Lee & Sheppard. 1867. pp. 27.**

This is an attack on those who would make woman self-supporting, and allow her, if she wishes to, to provide for herself in some way besides by marriage and prostitution. The author grants that the *mind* of woman is equal to man's, but would close to her the avenues of active life for two reasons: because her physical organization is too feeble to endure hard labor: and because "God never designed her for them." The latter reason is reiterated so frequently, that the reverend author must be of the opinion of Col. Fougas, in About's novel of "The Man with the Broken Ear," where he exclaims, "God and I understand each other." As for the other reason, the physical inferiority, the author overlooks the facts that in Central and Northern Europe, women do by far the hardest work of all kinds, that in savage nations they often surpass the males in endurance and strength, and that they are discouraged by preceptors like himself from acquiring the bodily stamina they should rightfully have. They should not vote, he argues, because they do not acquire property; they do not acquire property, one might suggest, because they have not the chance. We have no especial sympathy with the Dr.'s opponents, but his arguments have a ludicrous resemblance to the admonition of the mother to her son: "Never enter the water, my boy, till you have learned how to swim."

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**A Biennial Retrospect of Medicine, Surgery, and the Allied Sciences, edited by Mr. H. Power, Dr. Anstie, Mr. Holmes, Mr. Thomas Windsor, Dr. Barnes, and Dr. C. Hilton Fagge, for the New Sydenham Society. Philadelphia: Lindsay & Blakiston, 1867. 1 vol. 8vo. pp. iv., 522. Price, $3.50. Cloth.**

The Reporter has already noticed the publications of the New Sydenham Society, and recommended them warmly to the medical profession in this country, on account of their practical character and sterling merit. The present work is a republication of the Retrospect of Medicine, which that society has been accustomed to edit annually, but in this instance as a biennial volume. It comprises eight reports on the following topics: Physiology (33 pp); Practical Medicine (160 pp); Surgery (160 pp); Opthalmic Medicine and Surgery (15 pp); Midwifery and the Diseases of Women and Children (65 pp); Medical Jurisprudence (37 pp); Materia Medica and General Therapeutics (13 pp); Public Health (14 pp.) Necessarily in these limits, great brevity is required, and the success with which the principle achievements in our science, which have been made in the years surveyed (1865, 1866) have been embraced, is in the highest degree creditable to the compilers. The arrangement is different from the previous yearbooks of the Society, and the change is for the better. Among the topics treated of with considerable fulness are local anæsthesia, endoscopy, acupressure, the graphic method of examining the organs of circulation, electro-therapeutics,

sub-periosteal resection, physiological tests for poisons, the determination of blood stains, and others, all of which every intelligent medical man wishes to hear the last word concerning.

While we cannot say too much in praise of this Retrospect, we are in duty bound to express our regret at its publication for one reason. It will prevent the New Sydenham Society from receiving some support that it otherwise would have obtained from the United States. It is another violation of the rights of authors, which all liberal and good men should strive to put a stop to by advocating an international copy-right law. We believe that the society derives not one penny of advantage from this republication (if we are in error, we shall be glad to be corrected) and it is a shame that their labors, given almost or quite gratuitously, should have their reward still further diminished in this manner. Of course the plea of custom can be offered, but we have yet to learn by what process of logic, usage can sanction an infringement of natural right.

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Transactions of the Medical Society of New Jersey. 1867. Newark, N. J. 1 vol., pp. 382, paper.

After the minutes of the last meeting, a roster of surgeons and assistant surgeons of New Jersey volunteer regiments is given, followed by some reports of delegates, etc.

The address of the President, Dr. B. R. Bateman, is on Cholera, and contains a review of the prognosis and treatment of that disease. He makes use of the adjective "choleratic," instead of the more usual "choleraic," which strikes us as a neologism.

Dr. J. V. Schenck follows with a brief account of a case of thrombosis, apparently occluding the leading arteries of all the four extremities, accompanied with (fatty?) degeneration of the heart. The patient was in childbed. The case is a striking one, but the cadaveric examination was less complete than we could wish.

The two subsequent articles—that by Dr. E. M. Hunt, on the Public Health, and the History of Essex District Medical Society, by Dr. J. H. Clark—have already been noticed in the Reporter.

The Standing Committee's report surveys the health of the State during 1866. It reports "about three hundred" cases of cholera, treated chiefly with opium, camphor, calomel, and stimulants, with the usual negative results; though from a formula given (p. 224)—"Tr. opium, tr. camp. and capsicum, equal quantities, to be given in ounce doses, p. r. n."—as "very efficacious in diarrhœa," we should think the results would have been alarmingly decided!

Malarial diseases seem rather increasing in frequency throughout the State, and some observers note a malarial phase in most diseases, rheumatism, typhoid fever, etc., indicating a call for quinia. Scarlet fever was rare, and was satisfactorily treated with sulphite of soda. The bromides of potassium and ammonium are lauded as of great efficacy in hooping-cough, and one instance of epilepsy yielding to their combined action in Brown-Séquard's formula, is given.

The reports of District Societies, from which that of the Standing Committee is compiled, close the volume.

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### Hudson County, N. J., Medical Society.

This Society held its regular monthly meeting on Oct. 1st. Nine of the members were present.

The Committee appointed at the last meeting to examine and report upon existing laws of the State with reference to the practice of medicine, made their report, recommending that the subject be urged upon the attention of the State Society, at their next annual meeting.

Dr. Culver related the history of a singular and fatal case of choleric dysentery, supposed to have originated from the noxious gases generated by an animal in a state of decomposition.

Dr. Barrick reported a very rare case of complete lateral dislocation of the elbow joint.

Dr. Chabert exhibited a specimen of tenialata eleven feet in length, entire, expelled from a patient by the use of three capsules of Dippell's animal oil.

E. W. Buck, M. D., *Secretary.*

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### Animal Pathology.

At a recent meeting of the Boston Society of Natural History, "Dr. Andrew Garratt exhibited a bony mass taken from the interior of the heart of a right whale; it was attached by two knoblike projections to the base of the valves, and hung free in the cavity of the heart. On examination, Dr. J. C. White had found it to be composed of an external shell of fibrous tissue, dense and glistening like parchment, and an interior spongy mass of a brownish and somewhat fatty substance; it seemed to be a coagulum of fibrine, or possibly a pathological growth from the valves of the heart.

"Some notes of a visit to the Pinjrapal, or animal hospital at Bombay, were read by Mr. W. T. Brigham. A space of six or seven acres in the heart of the city was enclosed, and divided into wards, for the reception of the sick and helpless animals; cattle, deer, dogs, goats, monkeys, and even tortoises, had all their separate abodes; fish, too, rescued from impending death by the pious Hindoos, whose religion forbids the destruction of animal life, swam unmolested in their proper tanks. No surgical aid seemed to be given, but the animals were well fed and cared for a by a large staff of attendants or nurses. There are several of these establishments in India, supported by the donations of wealthy Hindoos."

Medical and Surgical Reporter.

PHILADELPHIA, OCTOBER 12, 1867.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

*Notice to Subscribers.*

From the 1st of January, 1868, we shall strictly enforce again, our old rule requiring payment in advance. For reasons given some years since, pre-payment has not been insisted upon—but the circumstances of the country are now such that we feel warranted in again requiring it.

☞ Those who have not yet paid for the current year, will please remit immediately. There are several thousand dollars due on current subscriptions, which must be paid soon to insure a continuance of the Reporter. The amounts are insignificant to subscribers, but the aggregate is large enough to be embarrassing to us.

## LOUISVILLE, KY.

Dr. Coleman Rogers has very kindly consented to represent the interests of the Reporter in Louisville, Ky. He will procure material for its pages, as opportunity may offer, and will also receive subscription money from any who prefer to pay him rather than forward it through the mail. We have a large number of subscribers in Louisville and vicinity, and they can communicate with us at any time through Dr. Rogers.

## WANTED!

The unexpectedly large demand to supply new subscribers from the commencement of the current volume, has nearly exhausted our supply of several numbers. We will pay ten cents each, or give credit on subscription for any of the following numbers: 540—543—546—547—548.

See also in the advertising columns a list of numbers wanted.

## PATENT RIGHTS.

The letter of Dr. Prince on this subject seems to require a reply from us in self-defence, as well as defence of our position on the subject of patent medicines. We were astonished that he accused us of insinuating that the article in the seventeenth volume of the Transactions of the American Medical Association "crept into the volume in some sly way," and we doubt whether any fair construction could derive this idea *from our words*. We can easily imagine how it could have arisen. We have before us an official letter from the Secretary of the Association to the Secretary of one the county societies of this State, in which, speaking of the Report on Patent Rights among medical men, the writer says:

"I do not think the report had been read by any one but its author prior to its being published, and I did for a time contemplate its withdrawal on my own responsibility,—a course which I now regret I did not pursue."

This is a delicate subject, not relevant to the argument, and to which we shall not recur. Enough that if we *did* entertain such an idea, it was not without some supposed reason.

The argument drawn from the copyright, as we before showed, is inapplicable, as the only valuable part of the book—the new ideas it contains—can no more be copyrighted than a mechanical *principle* can be patented. It indicates a misunderstanding of the *relation of facts* to ideas to attach weight to this custom. There is no analogy, as a little reflection will show. No beneficial discovery is limited in its usefulness by the copyright. The analogy is to the *specification* of the patent. If this were copyrighted, it could not be reproduced as it now is without permission, but the *invention* would be free to all.

However "absurd" it may be, however characteristic of the "dark ages," we boldly confess to believing that the medical profession *is* "higher in the principles of its organization" than that of blacksmiths and wheelwrights. The physician who sees in his occupation nothing but a trade, a way of getting his bread and butter, a muck rake to scrape up gold, who acknowledges no enthusiasm in his soul for the relief of human suffering and the elevation of mankind, even where it does not put money in his purse, whose eye does not occasionaly grow too dim to watch "the main chance," when he witnesses the sorrows of even his "charity jobs," such an one, though shining ever so distinct "in the light of the nineteenth century," we are obliged to say we cannot gaze upon as a model of his calling. Sadly behind hand as we are in this point, we have no thought of changing our mind; and in spite of our correspondent's opinion, that such notions are "nowhere acted upon, and only professed in the code of ethics and the fustian of public addresses," we are innocent enough to pin our faith to the belief that many hundreds, aye, thousands, of the medical men of America, live, and work, and die, under the full influence of just such notions. May their numbers never grow less!

That patenting prevents the manufacture of worthless machines, is an argument so easily refuted by an exmination of hundreds of washing machines, mowing machines, sewing machines, etc., that its weight is of the lightest. That as a rule the workers in the department of invention starve, is a question of fact, which can best be settled by running over in one's mind the most valuable kinds of surgical apparatus, *not patented*, and asking the fortunes of their inventors. Nine-tenths of them, we shall find, were

first used by surgeons enjoying an extensive *paying practice*. Because numbers of distinguished surgical inventors are poor, and die poor, it is no sign that they do not have fine practices; the *post hoc* is not the *propter hoc*.

In fine, the whole argument which seeks to justify the granting of monopolies to assuage human pain, and diminish disease and death, which would render such blessings scarce or dear, is avowedly based on an appeal to the lowest motive that can actuate a man—the greed of gain,—is utterly subversive of those aspirations and that professional ideal which the best minds in our avocation have sought to inculcate from the remotest times, and if carried out would prove eminently injurious to the commonwealth and the race. It is a part of that materialism which despises philanthropy, and sneers at the teaching of Christ as impracticable dreams. There is no danger that physicians will hurt themselves by too much love of their neighbor; *that* is an error not in the least likely. The danger is the other way, with them and with all. The apostle who goes about warning men of the danger of too great unselfishness, of too pure thoughts and actions, of indulging too freely the best and noblest maxims of philosophy and religion, no matter how radiant he may be in "the light of the nineteenth century," cuts in our eyes a shabby figure, and the light he rejoices in is quite as likely to come from 'tother place as from heaven.

But yield the position that the usual laws of trade should apply to the medical profession, and whither does it lead? Why not advertise by the column, proclaim our cures, publish long lists of names, shout out our patented medicines, descend to every "trick of trade," so long as it does not send us to the penitentiary, as others do? It is because those who have reflected on the matter most maturely, have seen that the moment the healing art recognizes no higher law than commerce does, then all distinctions between quackery and ability, empiricism and science, fall to the ground, that they have uniformly thrown the weight of their influence against such views.

Let physicians beware how they seek to degrade their calling. Let them, for their own sake, guard against prosecuting it as a common trade, and undervaluing those higher motives which ever since the days of Hippocrates have been thought peculiarly proper for the healer, for in so doing they will damage most disastrously their own interests, and render futile for good half the conquests we have wrung from reluctant nature.

## MEDICAL LAWS.

A valuable work has lately been published in Stuttgart, treating of the regulations adopted to preserve the public health in different European countries. The author is Dr. L. Stein, and it comprises the third part of his work on the internal administration of states, (*Die innere Verwaltung. III Theil. Das öffentliche Gesundheitswesen, etc.*)

From a brief review in the *Nation*, we learn that he divides the regulation of the public health into a preventive and a remedial department. The first embraces quarantine and general hygienic regulations, the restrictions laid upon the sale of secret and patented medicines, the sanitary provisions of cities, houses, and public buildings, rules in reference to burials and cemeteries, and labor of children, etc. The second describes the laws in different countries addressed to physicians, apothecaries, nurses, and persons connected with hospitals, asylums, etc.

"In France and Germany the governmental administration of the public health is regarded as almost perfect, and likewise the supervision and restriction of physicians and druggists. Without the study of medicine for not less than four years, hospital practice of one year, and a doctor's examination, nobody in either of these two countries is admitted to practice. In England no formal examination is prescribed, and the acquisition of the doctor's degree is free. Nine medical corporations in that country are exclusively entitled to have their fellows and licentiates acknowledged as physicians. The only security against incapacity is given by the registration of those physicians in a medical register, subject to the General Council of Medical Art. In France, Holland, and Germany apothecaries are only admitted to make prescriptions after several years' study of pharmacy and an examination. Drug-stores are subject to regular visitations and the sale of patent medicines is prohibited. In England there is no legislation about this matter."

We should imagine that the study of such a work would greatly aid our legislators in regulating the profession. But who is so visionary as to suppose a legislator would seriously study a work on political economy?

## LEAD COLIC TREATED BY COLD.

The topical application of cold in lead poisoning has been tried in Clichy, by Professor Monneret in over forty cases with complete success. Iced drinks and injections, the cold shower bath two or three times a day, and ice bags or ice poultices (of fragments of ice laid in dry linseed meal) are used. The pain and other symptoms disappear "as if by enchantment," and in two or three days the bowels are natural.

# Notes and Comments.

### The Sanitary Condition of Cities.

The Netherlands Government has made a call on our Government for information on the management of the sanitary affairs of our principal cities. The Secretary of State has therefore sent a circular to the several Mayors, calling for the data necessary to respond to the call. We trust that the matter will receive the earnest and prompt attention of our City Boards of Health, and that full information will be given on the subject, and although some of them may not have much that will be useful to impart, something may be gathered from the aggregate that will add to the general good when the Netherlands authorities sum up the results. In his circular the Secretary of State says:

"It is desirable that the fullest and most precise information on the subject of all precautionary measures, and sewerage, and the methods of drawing off or removal of all fecal and filthy matters, and any description of the organization, workings, and functions of the Boards of Health, should be embraced in the collection to be made. I will, consequently, be greatly obliged for any information, published or otherwise, which it may be in your power to furnish, bearing upon these subjects; and as the government of the Netherlands contemplates making a thorough study of the question of improving the salubrious condition of cities, when such information from the principal countries shall have been accumulated, it is probable that the results of these investigations will be beneficial to all. The well-known thoroughness and ability with which the Netherland authorities conduct such matters, renders it desirable that these investigations should be fully accurate."

### Muriate of Ammonia in Senile Gangrene, and Tetanus.

Senile gangrene has been treated with remarkable success by Dr. Charles Gru. He plunges the limb into a foot-bath containing about a half pound (250 grammes) of muriate of ammonia, and retains it there for several hours. Fomentations of the solution are constantly applied on the exterior. Under this application the normal heat and color of the limb gradually return.

In tetanus it is recommended in doses of two or three drachms a day in large quantities of water. It brings on an abundant diaphoresis, with which critical evacuation the disease is said to yield.

—— The managers of Bellevue Hospital have appointed Wm. A. Hammond, M.D., late Surgeon-General of the Army, to take charge of the department of diseases of the mind and the nervous system in that institution.

# Correspondence.

## DOMESTIC.

### Dysentery in Tuscarawas County, Ohio.

Editors Medical and Surgical Reporter:

I will attempt to interest your readers by giving my treatment in epidemic dysentery as it occurred in the southern part of Tuscarawas County, Ohio. In the majority of cases there was undoubted evidence of hepatic derangement: and those of us who dreaded mercurials altogether, lost about two-fifths of their patients in this epidemic. The history of two cases will be sufficient.

August 9th, 1867. Miss G., æt. 16. Has had frequent bloody stools for a week; took a dose of calomel and aloes, which her physician prescribed for her last night. Got much worse after the medicine began to operate, and concluded to change physicians. I saw the patient about 5 o'clock P. M. Her bowels were moved every fifteen or twenty minutes; pulse 130 per minute; skin dry; tongue coated, yellow; tip and edges red; considerable tenderness of abdomen. Prescribed ten grs. Dover's powder with one-half grain calomel every four hours, and left six powders of morphia containing perhaps one third of a grain each, to be given two hours after each of the Dover's powders if necessarry in order to quiet her bowels.

10th. Has had some rest; her bowels were moved only four times, during the night, with less pain than before. Continued same treatment.

11th. Is some better, pulse less frequent, and is in a gentle perspiration, bowels not so tender to pressure. Ordered a dose of oil to be given, after the operation of which, she was to continue with the same treatment, with the exception of ten grains of the subcarbonate of bismuth in place of calomel.

12th. Patient in perspiration, but had fever and headache yesterday afternoon; stools still bloody. I put up eighteen grains of quinine in four doses, adding one-third of a grain of morphia to each, ordering one every three hours.

13th. Has taken the quiniæ and is considerably better; has a little inclination to take food; stools still dysenteric but less frequent. Prescribed about eight grains Dover's powder with ten grains of sub. nit. bismuth every three hours, and a dose of oil the following day.

15th. Has rested all night by taking one of the last powders after the oil operated. Ordered her to take one of the powders two or three times a day if needed.

17th. Got word that I need not come as she was getting well.

August 20th, 1867. *Case* 2. Mr. Rankin æt. 20. Has had diarrhœa and pain in the bowels for a week. Was a great deal worse yesterday, sent for me in the night, and not being well myself, I put him up two powders of opium ipecac and calomel. To day he is a little easier, after having taken the powders. His pulse is perhaps 60 per minute, and soft; respiration slow; is bathed in copious perspiration; stools every 20 or 30 minutes; consistence, sero-sanguinolent; tongue coated with a thick yellow coat, tip and edges rather red. Some vomiting or attempts to vomit. Ordered a dose of castor oil and turpentine. After that has operated, a dose of Dover's powder, and calomel, eight grains of the former, and one-half grain of the latter, to be given every four hours; and half a teaspoonful tincture of opium during the intervals between each powder, if needed.

21st. My patient thinks he is better, has not suffered as much pain as before; but stools are still copious, frequent, and have the appearance of the washings of flesh. Is perspiring freely. Pulse slow and compressible, respiration intermittent. Continued same treatment, except that I added fifteen grains of the sub-carbonate of bismuth to the Dover's powder, and left out the calomel.

22d. Patient a little better. Continued same treatment, with but little variation, for six days. My patient is still harassed with the copious stools, and is getting weaker. I now prescribed half a grain of morphia with five grains of tannin every four hours, and half a teaspoonful of tr. of opium two hours after each powder. This somewhat arrested the frequency and copiousness of the evacuations, and was continued seven or eight days, with sufficient brandy to keep up the patient, but it was now evident that he would soon succumb if the disease continued any longer, without more relief than he had as yet received. He was taking brandy at the rate of a pint in twenty-four hours, with essence of beef, beef-tea, fresh buttermilk, (for which he frequently asked,) sweet cream, which were allowed him in moderate portions, at intervals of three or four hours.

I now come to the most interesting part of the treatment. About eight years ago, while practising medicine in New Hagerstown, Ohio, I frequently heard that Dr. Stewart, deceased, had a recipe which would cure the worst cases of dysentery. Mentioning it in the presence of his widow, she replied that it was so, and that she had the recipe yet, and went immediately and brought me the following:

| | | |
|---|---|---|
| ℞. | Opium, | gr. x. |
| | Powd. gum myrrh, | ʒj. |
| | Venice turpentine, | ʒ1½. |
| | Ext. of liquorice, | ʒ½. |
| | Oil of anise, | ʒj. |
| | Water, | 1 pint. |

Mix and boil for an hour. Dose—two tablespoonfuls every four hours for an adult. Dr. Busby got the recipe from Mrs. Stewart also. He is now practising medicine in Chili, Ohio, and, I hear, is very successful in treating dysentery.

I now resolved to try this remedy on my patient, and as soon as I had it prepared, gave him a dose. It was not over half an hour after taking it, when he said that this was the medicine that would cure him. In twelve hours the evacuations were arrested, and his appetite returned. Owing, perhaps, to the sudden arrest of the discharges, he was seized with severe cramp in his stomach and bowels, which was relieved with hot hop-poultices, and a teaspoonful of tincture of opium and brandy, as his pulse was scarcely perceptible.

I have made use of the above recipe in a number of cases since, and in no instance did I fail to arrest the bloody stools in forty-eight hours. In one other case the patient was also seized with cramp, but was relieved by opium, hot fomentations, etc., followed with oil. I treated sixteen cases on the above plan, and lost but one, an old man, and he had just recovered from an attack of typho-malarial fever, when he took dysentery, and died in two weeks from uræmia, caused by torpor of the kidneys, after the dysentery was in part arrested.

E. A. Oppelt, M. D.

*Tuscarawas, Ohio.*

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### Atomized Vapors in Hæmoptysis.

Editors Medical and Surgical Reporter:

The following case from the practice of my former partner, Dr. G. F. Wittie and myself, is submitted to you as of some interest.

Delida A., æt. about 25 years; American; school-teacher; was attacked in the school-room with hæmoptysis. Is of a hæmorrhagic build, and has hereditary tendency to phthisis.

At first attack, threw up about pint of blood. The first being dark coffee-ground looking, the last bright arterial blood, fresh from the lungs. Used most of the vegetable and mineral astringents, both by mouth and rectum, but in spite of them all, she had regular paroxysms of bleeding, either every day, or every other day, P. M., until

she became alarmingly weak and ænemic, and we expected every bleeding would be her last.

At this opportune moment, the instrument for "Local Anæsthesia," ordered from you, came to hand. We immediately took some sol. persulphate of iron, diluted and atomized it, placed the tube in her mouth, and allowed her to inhale the atomized liquid.

From the moment of the first inhalation she has not lost a drop of blood, but has made a slow recovery, and is now apparently well.

R. D. Barber, M. D.

*Grand Rapids, Wisconsin.*

### The Prophylactic treatment of Malarious Fevers.

Editors Med. and Surg. Reporter:

In reply to Dr. W. S. King's inquiry in the Reporter of 14th inst., relative to the prophylactic virtues of tobacco in malarious fevers, I beg leave to say—my observations for the last twenty-five years as a practitioner of medicine, part of the time in the Chickahominy region of Virginia, and the last twenty years on the eastern shore of Maryland, do not corroborate the theory that tobacco possesses any such property. Habitual chewers and smokers, both women and men, have been as frequently numbered among my intermittent cases, as those who never use tobacco. The most reliable prophylactic I have met with, is quinine. It may be necessary to associate a blue pill or dose of calomel with it occasionally, if there is evidence of disorder of the liver. After exposure to a hot sun, damp night air, or any depressing influence during the malarious season, say from the first of June to the tenth of October; if a person so exposed will immediately on reaching shelter, take from four to six grains of quinine, and on the following day the same amount, he will escape the fever in ninety-nine cases in a hundred: the hundreth case may be attended with disorder of the liver, requiring a subsequent dose of blue mass or calomel. Or if a patient daily exposed to malarious influences, will take four grains of quinine daily, and not recklessly expose himself to bad weather or over work, that would make a man sick in any nonmalarious district, I believe he would escape the intermittent fever. To the above course do I attribute my immunity from intermittent fever, and where those most liable to it can be prevailed upon to adopt the above course, it has been eminently successful in warding off the disease, and for the frequent relapses of intermittents when once broken, anticipating the attacks by twelve to sixteen grains of quinine given on the sixth, thirteenth, and twentieth day from the last paroxysm, will effectually put an end to the disease.

There are two indigenous plants possessing valuable antiperiodic properties, that have not received the attention they deserve, viz. Calamus root, and the bark of dogwood root. The first should be grated and given in molasses in doses of a teaspoonfull of the root three times daily. The last, macerated in whisky, and taken in wine glass full doses three times daily. Though not so prompt nor reliable as quinine, they are less expensive, and if persisted in for four or five days, they will effect a cure. I have used the sulphate of cinchona, and for young children prefer it to quinine, because it is less bitter. I give it in powders of a grain or half a grain, in peach syrup, repeating every hour or two hours till eight or ten grains have been taken. Some patients cannot take it because it produces a sense of fullness about the head attended with flushing of the face. I had great difficulty to make it into pills, and could meet no druggist who could suggest anything better than gum arabic and water. The pills were very rough, and the mass adhered to the fingers, occasioning loss of material and time in making them. I succeed satisfactorily with powdered ext. liquorice and alcohol. Samuel E. Wills, M. D.

*Cecilton, Md., Sept. 23d,* 1867.

## News and Miscellany.

### Cholera and Superstition in Italy.

The terrible ravages by cholera in Italy, are made the occasion of most horrible outrages by that superstitious, ignorant people. We give the following case in illustration:

"The popular belief in the agency of poisons still continues, and leads to shocking results. At Civita, a small district in Cosenza, a scene was lately witnessed unparalleled in modern times. The news of the first case of cholera which occurred there spread fear and consternation. Unfortunately, too, these feelings were as usual accompanied by the dread of poison. The rumor that the wells, cisterns, and reservoirs of the district were poisoned, got wind, and spread like wild-fire. The unfortunate inhabitants, paralyzed by fear, shut themselves up in their dwellings, and did not dare to drink any water, or even to use it for the purpose of cleanliness. While this excitement possessed the public mind a malignant rumor got abroad, inculpating a certain woman as the author of the evil deed. The woman pointed out to the popular indignation was a harmless creature, well known in the district as a fortune-teller. No complaint had ever been uttered against her and she was every one's friend. No sooner did the rumor get

abroad than a hue and cry was raised. A crowd assembled, and it was determined that this poor creature should be seized and put to death. Having made their way to the woman's dwelling, they felled her to the ground, tore her body to pieces, and lighting a large bonfire, threw the bleeding remains into it. A daughter of the victim, a girl of fifteen, thrilling with horror at her mother's murder, screamed wildly at this terrible sight, and her cries attracted the notice of the crowd, who would have seized her and have made short work of her also, had she not been saved by a brave man at the peril of his own life. After this bloody work, the crowd—composed of men, women, and children—spent a good portion of the night in dancing and revelry close to the spot where the charred remains of their victim were lying.

### Scouring Drops for Removing Grease.

I. Alcohol (pure), six ounces; camphor, two ounces; rectified essence of lemon, eight ounces.

II. Camphene, three ounces; essence of lemon, one ounce. Mix. Some direct them to be distilled together.

III. *French.* Camphene, eight ounces; pure alcohol, one ounce; sulphuric ether, one ounce; essence of lemon, one drachm.

IV. Spirits of wine, one pint; white soap, three ounces; ox-gall, three ounces; essence of lemon, a quarter of an ounce.

—— Disinfecting Powder.—℞. Permanganate of potash; powdered carbonate of lime; powdered starch, āā, equal parts. M.—A painless dressing for badly-smelling wounds, such as ulcerated cancer of the breast, etc.—*Journal de Chimie.*

*[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]*

### MARRIED.

Nichols—Brower.—Nov. 15th, 1864, by Rev. Dr. Sanderson, I. De Forest Nichols, M. D., and Miss Emma Brower, of New York.

### DIED.

Ehle.—In Greenbush, Wis., Sept. 22d, 1867, Dr. A. S. Ehle, late Acting Assistant Surgeon, U. S. A.

### METEOROLOGY.

| September, | 23, | 24, | 25, | 26, | 27, | 28, | 29. |
|---|---|---|---|---|---|---|---|
| Wind | N. W. | N. | S. W. | N. | N. W. | W. | N. W. |
| Weather | Clear. | Clear. | Clear. Sh'r. Hail. 4-10 | Clear. | Clear. | Clear. | Clear. |
| Depth Rain | | | | | | | |
| *Thermometer.* | | | | | | | |
| Minimum | 56° | 47° | 50° | 48° | 42° | 50° | 58° |
| At 8, A. M. | 64 | 56 | 58 | 58 | 57 | 56 | 66 |
| At 12, M. | 66 | 63 | 72 | 63 | 62 | 70 | 63 |
| At 3, P. M. | 67 | 56 | 74 | 62 | 61 | 73 | 70 |
| Mean | 63.25 | 58.75 | 64 50 | 57.75 | 55 50 | 62.25 | 62 75 |
| *Barometer.* | | | | | | | |
| At 12, M. | 30.6 | 30.5 | 30. | 30,1 | 30.2 | 30.1 | 29.8 |

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THE

# MEDICAL AND SURGICAL REPORTER.

No. 555.] PHILADELPHIA, OCT. 19, 1867. [Vol. XVII.—No. 16.

## Original Department.

## Lectures.

### A LECTURE ON CHRONIC BRONCHITIS.

By Prof. A. P. Dutcher, M. D.,
Of Cleveland, Ohio.

[Concluded from p. 309.]

**IV. The Prognosis of Chronic Bronchitis.**

This will depend very much on its origin, and its being complicated with other diseases. When succeeding to an acute attack, and when unattended with much derangement of the general system, it does not commonly tend to a fatal termination. Even should there be copious purulent expectoration and some signs of hectic, a vigorous constitution and favorable circumstances, and judicious medical treatment often bring about a cure; and frequent observation teaches us that mild forms of the disease, though resisting all kinds of treatment and lasting for years, seems scarcely to shorten the space of human life. But when it exists in its more severe form, and is attended with constant dyspnœa, hectic, with emaciation, and with marked symptoms of confirmed disease in the abdominal mucous membrane, in the liver, or in the heart, or kidneys, it is quite as formidable and fatal as pulmonary tuberculosis. In complicated cases, as we have already remarked, the bronchitis is often secondary; and there are abundant examples which prove that it may disappear entirely, if the primary disease be of a mild character, and yield to treatment.

In many instances, the prognosis must in a great measure depend upon the physical signs. If these furnish the slightest evidence of the bronchial disease being complicated with pulmonary tuberculosis, which it frequently is, you should be very guarded in giving an opinion as to the final result of the case. If there is marked tubercular dyscrasia, and pronounced physical signs of tubercular deposits in the lungs, you need not hesitate to pronounce the case hopeless. Chronic bronchitis was for many years considered a prominent cause of pulmonary tuberculosis, by some of our best writers on diseases of the chest. But ever since the investigations of Louis, this opinion finds but few advocates. Why the two disorders should be so frequently associated, is very easy to understand. The intimate nervous connection which exists between the different parts of the breathing apparatus, and the excessive irritation that tubercular matter produces when deposited in the pulmonary tissues, and the inflammation which frequently supervenes in those tissues for its expulsion, must as a necessary consequence, produce such an amount of irritation, and congestion in the bronchial mucous membrane, as will lead directly to inflammation and its special lesions. A patient may have bronchitis for years, and if he has no acquired or hereditary predisposition to phthisis, there is not a particle of danger, that the bronchial disease will ever produce it. But when he has the two diseases associated, I feel free to say that he will never recover.

When simple uncomplicated chronic bronchitis proves fatal, it is commonly in those cases in which the mucous membrane, and other structures of the tubes have become so altered in texture and function, that the oxygenation of the blood is permanently impeded, while the copious secretion, and the continual exhausting effort to expectorate it, wastes the body and reduces the strength. Such effects generally occur in aged individuals, and those reduced by typhoid fever, or some other wasting disease. The imperfect oxygenation of the blood that results from extensive chronic bronchitis, occasions congestion of the lungs and heart; hence in fatal cases we not unfrequently meet with organic diseases of the heart, as a consequence of the bronchial and pulmonary obstructions.

There is one thing, however, connected with the anatomical pathology of this disease, that we may as well notice just here, and that is this: That there can sometimes be such severe constitutional and local suffering as to produce death, and yet on post-mortem little real structural injury in the bronchial mucous membrane. Indeed it is not an uncommon thing to find little or no structural lesion, where the dyspnœa, cough, and expectoration have been exceedingly annoy-

ing during life. I can now remember several cases, where I expected to find extensive injuries of the bronchial structures, but was very much disappointed, there being no visible marks of disease, excepting a little induration or redness of the membrane in limited patches, in the larger bronchia. When ulceration occurs in this form of bronchitis, especially if the disease is primary, it is commonly found in the smaller tubes; but when associated with pulmonary tuberculosis, you will find it in the larger tubes, in connection with other marks of disorganization. The most frequent pathological lesions of chronic bronchitis are dilations of the tubes, and indurations of the bronchial mucous membrane, and during life they contribute in a great measure, to those distressing phenomena, which we so frequently witness during a prolonged attack of the disease.

As to the duration of chronic bronchitis nothing is more uncertain. It may be speedily relieved by proper medical treatment; it may be suddenly cured by the supervention of some other disease, or it may last for several years, become complicated with some other malady, and thus terminate the existence of the patient. Several years since I had under my care a maiden lady, who had suffered with bronchitis for five years. It had resisted every kind of medical treatment, and she had come to the conclusion that her case was incurable. One day she was attacked with pneumonia of the inferior lobe of the right lung, which was attended with great activity of the old bronchial difficulty. And I had the most serious apprehensions as to the termination of her case. But, in few days the pneumonia gave way, and with it the bronchitis, and at the expiration of four weeks, not a vestige of either disease was left. The chronic bronchitis appeared to have been perfectly cured by the supervention of pneumonia and acute inflammation of the bronchial mucous membrane. An acute inflammation cures a chronic! This is no paradox. You will sometimes meet with it in the course of your practice, and if you take proper advantage of it, you will assist nature in curing the most obstinate diseases, greatly adding to your fame as a physician.

**V. The Treatment of Chronic Bronchitis.**

This must be local and constitutional. The most useful of the local remedies are counter-irritants. In very mild cases croton oil or iodine paint, may be applied freely to the chest. Where the disease is more severe a succession of small blisters just over the bronchial region will be useful. And where it may be desirable, for a long time to keep up a counter irritation, I know of no agent that will accomplish the work so well, as the compound tar plaster of the Eclectic Dispensatory. I have employed this for many years in my practice, as a counter irritant in all chronic diseases of the chest, where such agents were indicated, and I can bear ample testimony to its utility as a remedial agent. I have often seen mild cases of chronic bronchitis cured with it alone. I believe the sanguinaria canadences, which enters largely into its composition, is absorbed, thus entering the blood and has an alterative effect upon the inflamed bronchial mucous membrane, thereby promoting its restoration to health.

As local remedies, the inhalation of the vapor of hops, iodine, chloroform, tar, extract of conium and belladonna are at times very useful. They should, however, be employed with caution, for in some instances I have known them to do great damage. The vapor of iodine in particular, should be watched with the greatest attention. If it increases dyspnœa, and produces an unusual feeling of heat and distress in the bronchial region, it should be immediately discontinued, for it will produce congestion in the smaller bronchia, which may extend to the air cells, and ultimately end in pneumonia. And I regret to see a growing disposition, on the part of the profession, to an almost indiscriminate use of inhalations of iodine, in lung diseases and bronchial affections, for in the end, it will bring the whole subject of inhalation into dispute. This should not be. They have their place as therapeutical agents in these diseases, and should not be abused. I would, therefore, recommend you to an attentive study of Dr. Da Costa's excellent work on *Inhalations in the Treatment of diseases of the Respiratory Passages, particularly as affected by the use of Atomized Fluids.* It is the best work I am acquainted with on the subject, and coming as it does from a man of personal experience and careful observation—it will richly pay you for your trouble.

There is one other mode of local treatment, practiced by some physicians in this disease, that I feel bound to mention in this place; not that I would recommend you ever to employ it, but simply as a matter of history, that you may know what barbarity has been practiced by men who profess to be guided by the light of science, and the feelings of humanity. I refer to injecting nitrate of silver in the air passages, as practiced by the late Dr. Horace Green, of New York. His mode of proceedure was to pass a No. 12 of Hutching's elastic tubes, which is thirteen inches long, through the trachea into the bronchi.

Through this tube, with a small glass syringe, he injected one drachm of solution of nitrate of silver, of the strength of forty grains to an ounce of water. Dr. Green maintained that this operation was never attended with serious consequences; that in many cases of chronic bronchitis the relief was marked and decided, and in most cases a speedy cure was effected. From what I have seen of this mode of introducing nitrate of silver into the air passages, I could not say, that it is either safe or beneficial. In one instance that came under my notice, I believe it was attended with fatal consequences. I have, therefore, banished it from my list of therapeutics in this disease.

### VI. The Constitutional Treatment of Chronic Bronchitis.

This must vary to meet the wants of each particular case. Although in all cases the same local disease exists, yet it may be cured by the most opposite means. Thus tonics, such as iron, gentian, and quinine, with minute doses of mercury, are commonly useful to improve the state of the secretions and functions generally; and when the expectoration is profuse, with much febrile excitement, the mineral acids and metalic astringents are useful. When the urine is loaded with the oxalate of lime, and the bronchial trouble appears to depend upon indigestion, from some defect in the functions of primary assimilation, the nitro-muriatic acid, administered according to the following formula, will sometimes produce a wonderful change for the better, in cases that have resisted every other form of medication:

℞ Acidi nitrici, f℥j.
Acidi hydrochlorici, f.℥ij.
Morphiæ sulph., gr. ij.
Tinct. cinchoniæ. comp., f.℥iv. M.

Sig. A teaspoonful three times a day before each meal.

In mild cases of chronic bronchitis the iodide of potash is a most valuable remedy; it seems to restrain low degrees of inflammation affecting the fibrous part of the tubes, and counteracts the process of induration to which they tend. In bad cases of the disease, where there is no tendency to tuberculosis, I am in the habit of prescribing the iodide of potash and bichloride of mercury thus:

℞ Hydr. chloridi corrosiv., gr. j.
Potassii iodidi, ℥iij.
Ext. lobeliæ, fluid., f.℥j.
Syrup. simp., f.℥v. M.

Sig. teaspoonful three times a day after each meal.

Where there is any tendency to tuberculosis, the mercury should be omitted.

In some of the milder forms of chronic bronchitis the balsam of copaiba is held in high estimation by some practitioners as a remedy. But it is a very disagreeable article, and cannot be taken by persons of feeble digestive powers. The following you will find a useful combination, where it can be borne by the stomach, to allay cough and restrain expectoration:

℞ Copaibæ, f.℥ij.
Tinct. cubeb., f.℥j.
Morphiæ sulph., gr. iv.
Syrup. simp., f.℥j. M.

Sig. A teaspoonful three times a day.

Some writers have questioned the propriety of administering expectorants in this disease. As a general thing, I think they are highly useful. In some instances they may keep up the irritation, and increase the expectoration, in others they produce the opposite effect. Thus ipecac., which seems to increase the expectoration in acute cases, modifies it in mild. And I have often seen the greatest advantage derived from using it in emetic doses, repeated two or three times a day; in some obstinate forms of this disease attacking individuals of a robust habit, this practice has in my hands effected a cure in a very few days. Ipecac., as an expectorant in ordinary cases of chronic bronchitis, may be given in doses of a grain or two of the powder, or twenty or thirty drops of the wine, repeated several times a day, or combined with other agents, according to the following:

℞ Vin. ipecac.,
Syrup. scillæ, āā f.℥j.
Tinct. digitalis,
Sp. æth. nit., āā f.℥ss.
Tinct. opii. camph., ℥ij. M.

Sig. A teaspoonful three times a day.

In the chronic bronchitis of aged people, where from alterations in the structure of the tubes, you cannot expect to effect a cure, you will often palliate the disease, and render your patient very comfortable by the use of the following combination. It is one of my favorite prescriptions:

℞ Prussiate potassium, ℥iv.
Syrup. scillæ,
Tinct. colchici. rad., āā f.℥ss.
Morphiæ sulph., gr. v.
Aquæ destillat., f℥iv. M.

Sig. A teaspoonful three or four times a day.

When expectoration is viscid, alkalies are useful; and when the vital powers are feeble, I am in the habit of prescribing in connection with the other treatment the following:

℞ Ferri pyrophasphatis,
Quiniæ sulphas, āā ℥j.
Strychniæ, gr. j.
Ext. hyoscyami, gr. xxx. M.

Ft. Mass. et, divide in pil. No. 60.

Sig. Two pills three or four times a day after each meal.

I would simply add in conclusion, that all complications should be carefully and promptly attended to. The diet in all cases should be mild and nutritious; where the system has been much weakened by previous disease, excessive indulgence in bad habits, or age, a substantial diet of animal food should be insisted upon. Where there is a proclivity to tuberculosis, it would be in place to give a tablespoonful of cod-liver oil two or three times a day, after each regular meal. The patient should be instructed to avoid extreme and sudden changes of the atmosphere, insufficient or damp clothing, and all those circumstances that are frequently in themselves exciting causes of the disease.

# Communications.

## GENERAL ELECTRIZATION IN NERVOUS AND OTHER DISEASES.

By Geo. M. Beard, M. D.,

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and Alfonso D. Rockwell, M. D.,

Read before the New York Academy of Medicine.

More than a century ago, the attention of the profession and of the laity was called to the medical use of electricity by a number of successful experimenters in the treatment of paralysis by sparks drawn from an ordinary Leyden jar. The observers who earliest recorded their experience in this department were Kratzenstein, Abbe Sans, and Jallabert. As would naturally be expected, the most extravagant hopes were entertained by those who witnessed or were informed of these brilliant experiments, and even by the calmest minds it was believed, that in electricity an agent had been found that would supersede all other remedies and appliances whatsoever.

In the course of years, however, there followed a reaction that was fully proportioned to the wildness of the previous expectation, and when Faraday discovered the induction current in 1831, the faith of empirics, as well as of men of science, was almost entirely destroyed. The causes of this reaction were briefly these:

1st. *The want of a convenient and reliable apparatus for generating electricity.* The ordinary voltaic pile—whether used in a perpendicular position, or in the so-called Cruikshank's trough—can never be depended on for producing a current of sufficient strength and constancy to be satisfactorily effective in disease.

For the first few days after a voltaic pile is constructed, it may yield a current of sufficient strength to produce muscular contractions, when applied to the motor nerves, provided it be composed of a large number of pairs, and the solution used be properly acidulated. But in a very short time the metals become coated with a deposit resulting from the chemical decomposition, and, consequently, its ability to generate the electric current is entirely or partially destroyed. Now, in the earlier years of electro-therapeutics, or at least after the discovery of Volta, most of the experiments in the treatment of paralysis were made with the pile that bears his name, and, consequently, the result claimed must, in the nature of things, have been very inconstant. Those who were fortunate enough to procure a good pile, and one that had never been used before, achieved brillaint results in certain cases of paralysis, and forthwith published their experience to the world. Others, inspired by their success, essayed the same, but with old or badly-constructed piles and consequently experienced disappointment, for which they blamed the agent and not the apparatus.

2d. *The imperfect state of the pathological knowledge* of that era, and the consequent unreliability of the diagnosis between the curable and incurable forms of disease. From the present stand-point of science, we are justified in inferring that many of the paralysis and kindred affections that were cured in the earlier years of electro-therapeutics were purely hysterical in their character, and might, perhaps, just as well have been dispelled by any agent that would have operated as powerfully on the imagination.

3d. *The extravagant expectations that were held of the remedial powers of this agent.*

At this day, it is hard for us to credit the absurdities, both of theory and practice, that were then entertained, even by otherwise reasonable and judicious men. In science, as in religion and politics, one extreme begets another, and the logical consequence of the acceptance of electricity as a panacea was its rejection as a humbug.

4th. *The want of a scientific basis or principle for employing electricity, and consequently, imperfect or useless methods of application.* It is impossible to use any remedy, external or internal, scientifically, without at least a general understanding as to its nature. The administration of medical agents without such understanding, is simply empiricism, however brilliant the

results may be. Throughout the entire history of electro-therapeutics, it has never been definitely settled just under what class of remedies electricity should be ranged. By times, it has been called a "stimulant," a "tonic," a "nervine," an "excitant."

By the majority of experimenters it has been regarded as a stimulant or excitant, while its powers as a tonic or nervine have received but incidental and unsatisfactory attention. We shall endeavor to show, further on, that electricity, as such, ought not to be considered or employed in medicine on the same principle as tangible substances, such as opium, mercury, or rhubarb, the effects of which on the human system are in the main constant; but that its effects vary with the kind of electricity employed, and with the method of application, just as with bathing and many other remedial processes.

The effects of bathing will vary, as it is well known, according to the following conditions:

1st. The nature of the liquid—whether salt or fresh, pure or medicated.

2d. Temperature—hot or warm, tepid or cold.

3d. The manner in which the bath is taken—whether in the ocean surf or in an inland stream, in the bathing tub, or in the form of a shower or stream; and as to time—whether in the morning or evening, in the winter or summer, etc.

Just so the effects of electricity vary according to these conditions:

1st. The nature of the current used—whether the galvanic from a compound battery, or the Faradaic from an electro-magnetic machine—whether weak or powerful, coarse or fine.

2d. The direction of the current—whether ascending from the periphery toward the centre, or descending from the centre toward the periphery.

3d. The method of application—whether localized in individual muscles or organs, or in the form of general electrization over the entire surface of the body—whether applied by means of sponges, metallic electrodes, or by the hand, with the current passing through the hand of the operator. In view of these facts, we see the manifest absurdity of prescribing to patients to take electricity as we would order a pill or morning bitter.

We continually meet with those who have been advised to "try a battery," just as they would try a dose of rhubarb or Seltzer water. The results in such cases must always be unsatisfactory. In many instances, even this unscientific advice is only given as a forlorn hope long after the disease has ceased to be curable, and in those exceptional cases where electricity is advised for a relievable disorder, it is employed injudiciously, negligently, and consequently inefficiently.

We propose to offer the details of some of our experience in the medical employment of electrical apparatus, more particularly to illustrate the tonic effects of general electrization with the Faradaic current in a variety of diseases associated with general debility. We shall not confine ourselves to any special form of disorders, but shall endeavor to present, as it were, a panorama of the method and results of general electrization in a variety of affections dependent on or associated with general debility. It is impossible to estimate by any precise mathematical calculation, just the amount that is achieved for nervous affections by any method of treatment whatsoever.

In dyspepsia, hypochondriasis associated with spermatorrhœa, or hepatic disorder, in anæmia with its myriad complications and results, in long-standing neuralgia, in very many cases of paralysis, in chorea and the various symptoms allied with it, we are often thankful if we can permanently benefit our patients, thus securing an approximate, but not absolute cure. Accordingly, it will be observed that the majority of our cases will not be reported as permanently cured in the strict sense of the term, while very many are declared to be permanently relieved, and in some instances the result will be found to be absolute failures. Considering general electrization as a tonic of remarkable efficacy in a wide range of disorders where tonics are indicated, we believe that we have a scientific and intelligent basis on which to employ it, without, on the one hand, lauding it as a panacea, or, on the other, decrying it as a delusion, because it fails to perform miracles.

We began to employ the Faradaic current of electricity some years ago, experimenting with various methods of application and with varying results. At first we were accustomed to place the negative pole at the coccyx, while the positive was applied to the head or over the vital organs. The results were interesting, but not entirely satisfactory. The Faradaic current, thus applied, had a very quieting effect on the nerves, and when perseveringly used, a decidedly strengthening influence on the system. Rheumatism, of the subacute and chronic varieties, when treated by applications made through the affected joints, according to the method of "localized electrization" recommended by Duchenne, was temporarily benefited, but was so very liable to relapse, that there was little encouragement

to persevere. In 1866 we began to adopt an entirely different method of application, which we have denominated

**General Electrization**

The feet of the patient were placed on a sheet of copper, to which the negative pole was attached, while the positive, either a wet sponge or the moistened hand, was applied over the entire surface of the body, from the head downward. We soon became convinced that the tonic effects of this method of application were far more decided and permanent than with the system of localized or partial electrization that we had previously been employing, and accordingly, we have ever since resorted to general electrization in dyspepsia, rheumatism, neuralgia, *chorea*, various forms of paralysis, and in certain affections of the uterus dependent on or associated with general debility.

The conclusions at which we have arrived, and on which we now base our treatment are materially different from those of the foreign observers, but will, we are confident, stand the test of experience for all who may employ general electrization as efficiently and perseveringly as we do ourselves. The more important of these conclusions may be thus summed up:

1st. *General electrization with the Faradaic current is a tonic of very great efficacy, and is to be used on the same principles as all other tonics, and subject to many of the same limitations.*

2d. *The hand is by far the best electrode, because it is more easily controlled, more effective, and more agreeable to the patient, than any metal or even the softest sponge.* Applications to the head or to any very sensitive part, should always be made with the hand. In thus using the hand as an electrode, it is necessary that the current should pass through the body of the operator.

By long practice, most persons can educate themselves to bear a powerful current in this way, without discomfort. The effects of the induced current used in this way are beneficial rather than injurious to the operator.

3d. *The persistent use of general electrization with the Faradaic current will accomplish, in cases of paralysis and rheumatism much that has been claimed for localized electrization with the galvanic stream.* When muscular contractions of paralyzed limbs are desired, the two methods may be used alternately with advantage.

**Case 1st. Neuralgia and Menorrhagia with Anæmia.**

Mrs. S., a married lady, aged 33; had for several years suffered from periodical attacks of severe pain in the stomach and head, attended with general prostration.

The paroxysms occurred regularly every month during the catamenial flow, and sometimes at intervening periods, though with less severity.

To the other distressing symptoms was sometimes added obstinate and persistent vomiting.

Her stomach was so weak, that at times she was obliged to keep her clothing unloosened, for the slightest pressure over the epigastric region caused excessive pain. Her menstrual flow was usually quite protracted, from five to seven days in duration, and the quantity of blood lost was very great. Immediately after her courses, she would present for a number of days a strikingly anæmic appearance. The opinion of her previous medical advisers, that the menorrhagia was a sign and conseqence of general debility, rather than of any organic uterine disease, was confirmed by our examination, and accordingly, we decided to employ general applications of the Faradaic current.

She had been using internal medication so long and with such unfavorable results, that we yielded to her expressed desire, and gave her no drugs whatever. The treatment by electrization was commenced Dec. 1st, 1866, and continued, two or three times a week, for two months, with the most unexpected and pleasing results. She was of a frail and delicate build, and in all parts of the body so susceptible to electrical influence, that only the mildest current could be used, and what is contrary to our usual experience, she could bear no more at the close, than at the outset of the treatment.

The first *séance* was followed the next day by considerable nervousness and by soreness of the muscles, that very soon passed away.

After two weeks of treatment her courses came on, and were as long continued and attended with as much loss of blood as before. One night while she was suffering from a paroxysm of neuralgia in the stomach of unusual severity, we applied a mild current over her head and vital organs for about ten minutes, with the effect of entirely relieving her pain, and she soon passed into a quiet and refreshing sleep. On the following day the pain returned, but with much less severity. In about four weeks her courses again appeared, but were attended with comparatively little pain; their duration was but four days, and but a little more than the normal quantity of blood was discharged. The improvement in her general condition during the entire progress of the treatment was very decided. Her appetite

became keener, her digestion easier, her sleep more refreshing, and her spirits more buoyant.

After twenty-four applications, distributed over a period of two months—all her distressing symptoms, the neuralgic attacks in the head and stomach, the menorrhagia and consequent anæmia entirely disappeared—and from that time to the present, (Sept. 6th,) her health has been excellent.

**Case 2d. Neuralgia and Leucorrhœa, with Chronic Diarrhœa.**

Mrs. P., a married lady, thirty-five years of age, first applied to us for electrization in May 1867. She stated that a protracted and painful labor three years before, had so reduced her that she had never been able to regain her strength.

She complained of general weakness, poor appetite, and inability to make any exertion. She suffered almost constantly from pain in the back, and from acute neuralgic attacks in the top of the head.

She had all along suffered more or less from a leucorrhœal discharge, and for about six months before we saw her, she had been growing weaker and weaker. On examination per vaginam, we found an indurated os, the result of chronic inflammation, and slight prolapsus. She was, in a word —a typical case of special and constitutional weakness, that we so often meet in females in the better walks of society. In this, as in the previous case, internal medication, in the shape of iron, quinia, strychnia, etc., had been tried by her skilful medical adviser, so perseveringly and so uselessly, that we resolved to discontinue it altogether. Even at the first sitting she was able to bear a good strength of the current, except on the top of the head and over the transverse colon. There were no unpleasant secondary symptoms; she slowly but steadily improved in her general condition, and in her special symptoms. The diarrhœa was checked, and the stools gradually assumed a more healthy appearance, and with this improvement in the condition of her bowels, the tender spot over the transverse colon became less sensitive to the current. On account of her diarrhœa she had been forced to be very scrupulous in her diet, but she could now eat all the common articles of food with impunity.

She could sleep freer and longer than before, and had gained very preceptably in strength and color. Her headaches were the symptoms last to yield, but they diminished in their violence and frequency. The treatment was extended over a period of two months.

**Case 3d. Neuralgia, and Dysmenorrhœa, with Functional Paralysis.**

Mrs. W., a married lady of twenty-seven years of age, reported that in January, 1867, she was prostrated with an attack of intermittent fever, that left her in a very weak, anæmic, and neuralgic condition, from which no combination of internal tonic seemed to enable her to rally. Her symptoms were intense neuralgic pains in the front and back part of the head, over the ribs, on both sides, and in the left arm. As she complained of some leucorrhœa, and had suffered in times previous from prolapsus, we examined her with the speculum.

There was inflammation of the os, but the uterus was in its normal position. She was thin and very pale, and unable to attend to her daily tasks.

Whole nights she had passed without sleep, and as a natural and inevitable consequence, her appetite was weak and capricious, and her bowels irregular. Her left arm was not only exceedingly painful, but it was also so much affected with functional or reflex paralysis, that she could not raise it from her side. She experienced temporary relief immediately, after the first *séance* but the pain returned on the following day. After the fifth application there began to be evidence of improvement in her general condition, though her neuralgic symptoms were but temporarily abated, and her left arm seemed to be as powerless as before.

After she had been under treatment for about three weeks, she was attacked in the night with such a severe paroxysm of neuralgia of the uterus, that her friends became greatly alarmed. Treatment by general electrization was renewed, and her improvement was very rapid. The neuralgia of the left arm now began to yield, and with it the temporary paralysis. From the symptoms and the result of the treatment it would seem to have been a typical illustration of reflex paralysis from neuralgia, spoken of by Brown-Séquard, (vide Lectures on Paraplegia, p., 28).

Her appetite became almost ravenous, and her rest at night was very comfortable and sometimes unbroken. Her face was fuller, and she increased in weight. There was more expression in her countenance, and her spirits that had so long been depressed were again buoyant. The treatment was extended over a period of seven weeks. Her menses appeared twice during that time, and were comparatively painless. Since she left us we have been informed that she continues to slowly improve, with occasional slight relapses of pain.

In regard to the above and a number of very

similar cases treated by general electrization, it may be remarked, 1st. The special symptoms—neuralgia, headache, constipation, etc., were dependent on general feebleness.

2d. These special symptoms did not ameliorate or depart until the general system began to be strengthened. In a word, the afflictions were cured by the *tonic* effects of general electrization.

3d. The temporary relief of severe neuralgia and inflammatory pains afforded by general electrization, (and also when the symptom is confined to a single part, by localized electrization,) is oftentimes, as speedy and even more absolute than that produced by hopodermic injections. More than that the former is a permanent tonic, while the latter method is apt to be followed by depressing reaction, and when too often repeated, may work injuriously on the constitution.

### Rheumatism.

This disease in all its stages is treated by general electrization, and almost uniformly with more or less permanent benefit. Mr. H., aged forty-five years, was sent to us by Dr. Austin Flint, to be treated for intercostal rheumatism on both sides.

He had been under Dr. Flint's observation for about one year, during which time he had been taking the iodide and bromide of potassium, with very slow but quite perceptible improvement for his general rheumatic affection; but the difficulty in the side was not disposed to yield. He was at no time free from a considerable sense of annoyance, and the constant aching often rendered his nights sleepless. Mr. H., was a stalwart hardy man, but had suffered at times, from rheumatism for many years, and when he came to us seemed to be almost discouraged for fear lest he might be obliged to give up his business. He received general applications with considerable regularity, two or three times a week for two months, with the result of entirely relieving the intercostal soreness, stiffness and pain. The disease is of course still in his system, and indeed it manifests itself more or less in the hips; but general electrization seems to have done more for him than protracted medication.

A peculiarity of his case was that he usually suffered more in warm weather; his improvement under general electrization took place as the summer was coming on.

Mr. E. M., a gentleman aged 47, applied to us the 1st of February last, in order to see what could be done for a severe and protracted attack of rheumatism, from which he was suffering. He was naturally a vigorous man, somewhat of a free liver. He complained of no other symptom than this long standing rheumatic tendency. For ten weeks before we saw him, he had been confined to the house; most of the time to his bed, and unable to bear his own weight. He had at times suffered a great deal of pain. When we commenced the treatment, we found the disease chiefly located in his ankles and left shoulder. The feet also were much swollen, and were so little sensitive, that the whole power of the apparatus was scarcely felt. The applications were thoroughly made over all the vital organs—and the upper and lower limbs, but for the first two weeks the affection of the ankles showed no evidence of yielding, although the lameness in the shoulders and elbows entirely disappeared.

During the third week the swelling in the ankles began to diminish, and were more sensitive to the current; and after six weeks the patient was able to walk alone with a cane, and attend to his ordinary duties.

We cite the above because they are typical of two of the most obstinate cases of rheumatism that we have met with. In a great number of mild cases that we have treated during the past year, permanent benefit or temporary dissipation of the symptoms have resulted from a short course of treatment, without the aid of any internal remedies.

### Dyspepsia.

This malady, with its various symptoms and complications, receives from general electrization a benefit proportioned to the severity of the malady and the perseverance of the treatment. Many of the dyspeptics consult us for other and more directly painful or alarming affections; but often the digestion must first be restored, before the accompanying maladies show any evidence of yielding.

When emaciation has resulted from long standing dyspepsia, general electrization frequently causes the patient to increase in flesh; sometimes quite rapidly, though more commonly, after the treatment has been somewhat protracted, or has been suspended.

Mr. A., aged 30, was sent to us Dr. D. B. St. John Roosa, to be treated for indigestion and hypochondriasis. For a long time he had complained of general malaise, and in addition, was at times harrassed by noises in the left ear. He had suffered from constipated bowels for fifteen years. His appetite was usually quite good, and he rested soundly at night, but there was a constant feeling of weakness and depression.

On the first day of his visit we gave him a general application down the spine, over the

stomach and bowels, and over the legs. He said that he felt temporarily exhilarated, and when he returned three days after, he appeared to be in much better spirits. He complained of no unpleasant secondary symptoms, and accordingly we gave him another powerful and thorough application.

He visited us but two or three times more, and at the close of the treatment his general condition had so much improved, that his old enemy, "the blues," seemed to have been driven away. His digestion was easier, and so long as he was under our care, his bowels moved regularly. As he himself expressed it,—"it has made a new man of me." In this case the desired result was accomplished in a comparatively short space of time, because the patient was able to endure powerful applications without any previous training. Those who are very susceptible, we often treat a number of times, before they are able to endure applications of sufficient strength to have a very decided effect. Mr. B., of New Jersey, applied to us March 1st, 1867, with the symptoms of weakness of the stomach and liver, and also of functional derangement of the heart. He was tall, somewhat spare, but of fair muscular development. His occupation was that of a farmer, but for sometime before he visited us he had been unable to make any protracted exertion. He had tested various kinds of internal medicines, and with unsatisfactory results.

During the first application he was momentarily overcome by a feeling of faintness, but at once rallied, and went away feeling stronger and brighter. He continued to visit us two or three times a week, for nearly two months. The improvement was slow, but very positive, with occasional temporary relapses. The cardiac symptoms gradally diminished, and his strength increased to such an extent that he was able to resume in part his daily avocation.

When he left us his digestive functions were well performed, and he had made arrangements to enter upon an active and pleasant out-door employment.

—— Fishes of Brazil.—Professor Agassiz's immense collections in Brazil have been in good part opened and arranged. They include 50,000 specimens of fishes, representing over 2200 species, 2000 of which are supposed to be new to science. This collection now exceeds those of the British Museum and Jardin des Plantes united, containing altogether more than 9000 species.

## CASES OF TUBERCULAR MENINGITIS.

By James B. Burnet, M.D.,

House Physician, Bellevue Hospital, New York.

*Case* I. Patrick Foley, aged eight years, and a native of New York, was admitted to Ward 7 of Bellevue Hospital on May 25th, 1867. Patient is weak and sickly. Four months before admission, he fell on the pavement, striking his knee. This did not trouble him much, making him limp but slightly. On admission, he presented all the symptoms of morbus coxarius in the first stage. Has little or no pain. The patient was put to bed, and Buck's extension applied.

June 25th. Sayre's extension is kept on during the day, with which he can walk around the ward. Buck's extension kept on at night. Cod-liver-oil and syrup of iodide of iron administered.

July 1st. For several days both extensions have been suspended, owing to a marked febrile movement. He has been vomiting severely. He seemed feverish at night, but there were not sufficient symptoms to make any diagnosis. His bowels have been moved several times by doses of rhubarb and magnesia.

July 2d. 9.30, A. M. Says he feels better. Tongue looks cleaner. Men in the ward say that he would cry out loudly in his sleep last night, and keep talking to himself.

July 2d. 7, P. M. Decidedly worse. Has been complaining all day of intense pain in his head. Delirious and tries to get out of bed. When spoken to, answers in a dull listless way, and says he feels bad, and then instantly resumes his semi-unconscious condition. Ever and anon he shrieks out, as if with pain. He keeps talking to himself, and calling to his companions, as if in play. Is very restless, and kicks off the bed-clothes. At 7.30, P. M., the following was his condition: Head very hot, as is also the skin of the whole body. Eyes half open, suffused; right pupil very much dilated, and does not act to light; left pupil slightly dilated, but undilatable. Face flushed. Tongue heavily coated. Pulse 100. No spots on body. Converging double strabismus. Sleeps with right thumb clasped in palm of hand. The diagnosis of *tubercular meningitis* was made, and the treatment consisted in cold wet cloths kept constantly applied to his head, hot mustard pediluvia; bits of ice internally, and iodide of potassium, ten grains every three hours.

July 3d. 9.30, A. M. Been very delirious all night, and frequently starts up from his troubled sleep with his peculiar painful cry. Both pupils very much dilated, and act but slightly to light.

He keeps constantly tearing off the cloths from his head.

3, P. M. Evidences of tubercular deposit in right lung. Liver normal in size. Urine examined, and found to be healthy. Skin pungently hot. Face flushed. Picks at his shirt constantly. Respiration irregular, and about 17 in the minute. Pulse 130, small, and weak. Respiration at times is catching. Strong egg-nog ordered.

7, P. M. Pulse 122, somewhat irregular. Respiration very irregular. Nares dry. Eyes lustreless. In the morning had a slight attack of epistaxis. Bowels constipated. No more vomiting. The right hand grasps the genitals, while he fre quently rubs his face with the left. Iodide of potassium continued, and half an ounce of strong egg-nog given.

July 4th. 7, A. M. Passed a more comfortable night than usual. No change in the pupils. Eyes are being smeared over with secretion from Meibomian glands. Face not so much flushed as it was yesterday. Pulse 122, small, and weak. Does not answer when spoken to. Keeps his teeth closely together. Bowels constipated. Ordered eight grains each of calomel and jalap.

July 5th. 10, A.M. Lies in a semi-comatose state. It is impossible to arouse him. Pulse exeedingly rapid, weak, irregular, and cannot be counted. Bowels moved by an injection.

July 6th. 11, A. M. Very much emaciated. Face much flushed. Opens his eyes, and puts out his tongue when ordered to do so. Pulse very weak, and 162 in the minute. Swallows well whatever is given him.

July 6th. 7, P.M. Pulse 160; no paralysis. When spoken to, says he feels bad in his head. Pupils about the same. Drinks readily. Slight burrowing of occiput in his pillow.

July 7th. 3, A. M. Has just expired without a struggle,—having had no convulsions all through the disease. His mother positively refused us the privilege of making a *post-mortem* examination.

*Case* II. Andrew Crowley, aged 11 years, a native of the United States, was admitted to Bellevue Hospital on Nov. 5th, 1866. Patient was somewhat emaciated. His present illness began Oct. 23d, when he experienced headache and febrile symptoms. These symptoms continued for a week.

October 30th. The symptoms became more marked; headache now became more violent. Stupor increased; he is very thirsty; no appetite; hands and body very warm; cheeks flushed; no vomiting; bowels constipated.

Oct. 31st. Photophobia.

Nov. 1st. Muscles of arms and legs contracted; complains of pain in the head; vomits everything swallowed.

Nov. 2d. Automatic movements of limbs; bowels moved for the first time since the commencement of illness; knees drawn close to chin.

Nov. 3d. Delirium during the night; difficult deglutition.

Nov. 4th. Internal strabismus of left eye first noticed.

Symptoms on Admission.

Head turned from light; is very drowsy, and irritable when disturbed; knees drawn up to abdomen; skin hot; no eruption; tongue white, but not dry; face flushed; pupils irregularly dilated; pulse 104; respiration 28; no irregularity of respiration; urine normal. The treatment was as follows: 10 grains of iodide of potassium every two hours; blister to back of neck; mustard cataplasms to the feet; cold to the head.

Nov. 6th. Pulse 120; respiration 30; head thrown back. Extract sennæ fluid, f.ʒij. given; pulse intermits.

Nov. 7th. Pulse 134, small and feeble; respiration 34; urine and fæces passed in bed; grinding movements of the jaws; screamed several times during the day while quietly drowsing.

Nov. 8th. At midnight commenced to perspire freely; lies quietly on back, looking vacantly about; dark circles around the eyes; pulse 140; respiration 40; semi-comatose; sordes upon teeth.

Nov. 8th. 6, P.M. Pulse too rapid to count; patient bathed in perspiration; skin hot.

Nov. 9th. 2, A.M. Has just expired.

*Autopsy thirty-six hours after Death.* Body greatly emaciated.

*Head.* On removing the dura mater, there was found considerable sub-arachnoid effusion, particularly at the base of the brain. Pia mater was congested. The pons varolii, medulla oblongata, etc., were seen to be covered with a sensibly thick layer of fresh lymph, extending along the spinal cord. The convolutions of the brain, stripped of the membrane and held to a strong light, presented a few white eminences, having the appearance of tubercle, deposited in the sub-arachnoid tissue. Ventricles enlarged, and distended with serum. Apices of both lungs attached to thoracic walls, and studded throughout with miliary tubercles; small cavity at apex of left lung. Heart normal. Bronchial glands enlarged from deposit of yellow cheesy tubercle. A single small tubercle in cortical substance of liver. Lower part of ilium and commencement of large intestine, the seat of tubercular ulceration. Mesenteric glands enlarged.

# Hospital Reports.

Jefferson Medical College, *September 28th*, 1867.

## Surgical Clinic of Prof. Gross.

Reported by Dr. Napheys.

### Lithotomy, Performed Sept 7th.

Mr. F., æt. 50. This man was operated on three weeks ago to-day, for stone in the bladder, vide p. 250. He can hold his water now for about four hours. The whole of the urine began to pass out through the natural channel on last Monday, the sixteenth day from the time of the operation. A good deal of it had made its way through the urethra a number of days before.

The wound is nearly healed now. His health is tolerably good; he feels a little light-headed, and his appetite is poor. His tongue looks pretty well. He has been eating everything during the last ten or twelve days. He has slept well, and had no pain. The only medicine he has taken has been a little morphia after the operation. His bowels were thoroughly evacuated before the operation, and they were then closed until the end of the eighth day, when he took a dose of citrate of magnesia. Prof. Gross has, of late years, followed the course of keeping the bowels well locked up, so that there shall be no interference with the wound by the passage of fecal matter through the contiguous portion of the rectum.

### Epithelioma, Operated on May 22d.

Jno. McG., æt. 62. This man was at the clinic of the 22d of May last, on account of epithelioma, involving a corner of the mouth and a portion of the cheek, at which time he was operated on, vide vol. xvi., p. 461. The lip is now perfectly pliant, soft, and natural, although the parts were excised very freely. Four months have elapsed since the operation, and there is no evidence of a return of the disease. His general health is good.

### Cases of Eczema.

Jno. McS., æt. 62. This man returns to-day, on account of a moist tetter on the left leg, which he has had for more than a year. The skin is covered with little scales and superficial ulcerations; there is enlargement of the subcutaneous veins, and the parts have a chapped appearance. It itches very badly. There is some swelling over the ankle; no pain in the limb.

This is a vesicular disease of the skin, exceedingly common upon various parts of the body, known as eczema, or moist tetter. The vesicles burst, scales form, and the whole surface becomes covered with bran-like scales, fissures, and chaps. Itching is one of the characteristic symptoms of the affection.

Another case of a similar character, on the lower extremities of a child, nine months of age, occurring in patches, was shown. Also another, in a woman, where the affection was located upon the fingers. A little girl presented an example of dry tetter.

Eczema occurs very frequently in persons of low vital powers and of scrofulous predisposition. It is liable to make its appearance at all periods of life. It is not uncommon, by any means, in confirmed drunkards. Females are frequently the subjects of this affection, especially in the inferior extremities. It is often met with about the scrotum, about the vulva, on the face, and on the fingers and hands, especially of washerwomen and servants.

The man and woman were ordered

℞. Tinct. ferri chlor., f.℥j.
Liq. potassæ arsen., f.℥iss.
Hydg. chlor. corros., gr. iij. M.
Sig. Thirty gtt. ter die.

This will be an alterant and tonic, a medicine calculated to improve the condition of the blood and solids. The little girl was directed to take ten drops, gradually increased to fifteen, three times a day, and the little child five drops.

As a local application, the ointment of the oxide of zinc was ordered, undiluted for the adults, slightly weakened for the children. This will allay the itching very soon after the first application is made. The parts should be washed with a little tepid water and castile soap, once every other day, and they should be protected from irritative contact. Blue mass was also ordered every other night, for the child one grain, for the little girl three grains, and for the adult five grains, with the addition of one grain of ipecacuanha. A plain simple nourishing diet was directed; salt food, the coarser vegetables, and coffee being forbidden.

In this way a very decided impression will, doubtless, be made upon this affection in a short time. There is no article of the materia medica so well calculated to relieve eczema as the tincture of the chloride of iron, especially when combined with bichloride of mercury and a few drops of Fowler's solution of arsenic.

*Eczema of the Lip.* This man's lip presents a condition of superficial ulceration and slight abrasion, precisely similar to that existing upon the skin of the individuals just prescribed for. He was ordered dilute yellow wash, one-half a grain of corrosive sublimate to an ounce of limewater, to be applied frequently with a soft sponge, or by means of a piece of lint wet with it and kept upon the parts constantly. Yellow wash, used in a very mild form, makes an excellent application in cases of eczema of the skin, as well as of the mucous membrane. He was ordered also five grains of blue mass with five of jalap every fourth night, and directed to abstain from alcohol and coffee. In the treatment of chronic affections of the skin and mucous membrane, especially of the alimentary canal, coffee should be proscribed.

### Epithelial Tumor on the Back.

Mr. F. An epithelial tumor was removed from the back of this man a week ago to-day, vide p. 315. The parts were brought together with two twisted sutures. These pins are not yet removed, because there is danger of the wound gaping. The proper plan usually is, under ordinary circumstances, to remove the pins at the expiration of the third, or the beginning of the fourth day, but on the back, experience has

shown that the pins should be allowed to remain for at least a week, ten, or even twelve days, especially when there has been much loss of substance in the skin.

### Navi Materni.

Mr. B., æt. 42. This man has several vascular tumors upon the nose. At the time of birth, the surface of the nose was discolored, and twenty years ago these tumors began to form. The largest of them increases very slowly. They are painless, and have never bled. They feel very soft; pressure reduces their size.

These are instances of mother's marks, of which there are a great variety. These structures are mainly vascular, consisting of a large number of vessels, chiefly venous in this case, supported by a considerable quantity of soft, spongy, or areolar tissue. If there were a predominance of capillary arteries in a state of enlargement, the tumors would be of scarlet complexion, and pulsation would be perceived.

There is no remedy for an affection of this kind, except the knife. The largest tumor was excised, the incision being made along the side of the nose, and the flap dissected off from the bone, so as to admit of a nice approximation of the edges of the wound, for which purpose two sutures were carefully introduced. The smaller tumors were left undisturbed for the present, as the man lives at a distance, and there is some danger of secondary hemorrhage. The tumor, when removed, looked very much like a hemorrhoidal tumor, being soft, spongy, and erectile, easily compressed and reduced in this way to one-half of its volume.

The popular belief is that these marks and excrescences upon children are produced by desire, fright, or mental emotions on the part of the mother. This would be a plausible theory, if the fright occurred at conception, at the beginning, and not during the latter stages of pregnancy.

### Tubercular Eruption.

Terrence O'N., æt. 44. An eruption made its appearance on the back of this man two weeks ago. Over the spine there are two large ulcerated patches covered with black scabs, pretty hard, movable, capable of being raised by the thumb and fingers from the subjacent structure, showing that they are limited, to a great extent, to the skin, and resting upon red bases. They are sore, but not painful. There are hundreds of smaller tubercles scattered over the surface, more upon the posterior part of the trunk than any where else.

He denies positively any venereal disease; has never had sore-throat nor inflammation of the eyes. At first sight, the two large spots present very much the appearance of carbuncles, but the absence of pain in them shows that they are not of this character. The whole aspect of the case presents very much the appearance of a syphilitic eruption. Tongue coated and dry. No appetite. Bowels been habitually costive. All of which shows an unhealthy condition of the digestive apparatus. Does not sleep well. He was ordered five grains of blue mass and one of ipecacuanha every other night until he has taken three doses, to correct the secretions, to act upon the mucous follicles of the alimentary canal, and upon the salivary glands, and to gently move the bowels. Blue mass was the great remedy in the hands of Mr. Abernethy. He was also ordered

℞. Tinct. ferri chloridi, f.ʒj.
Quiniæ sulph., ℈j.
Liq. potassæ arsen., f.ʒij. M.

Sig. Thirty gtt. ter die.

### Dislocation of the Olecranon Backward.

John W. æt. 11. Five weeks ago this boy fell from a cherry tree and struck upon his left hand. Immediately afterwards he could not bend the elbow, and has not since been able to bring his hand to his mouth. An unusual prominence is observed where the external condyle of the humerus naturally exists, an abnormal projection of the olecranon process, and a peculiar condition of the tendon of the triceps, which stands out in bold relief like a cord. He cannot flex the forearm upon the arm. Pronation is very good, supination is imperfect. The external prominence is formed by the head of the radius, which can be felt rotating under the finger.

This is a dislocation of the olecranon process backward, thus diminishing the distance between the acronium process of the scapula, and the extremity of the olecranon process, probably by an inch, and relaxing in proportion the tendon of the three headed extensor muscle, forming such a characteristic condition that if a man were blind, he could not mistake the diagnosis.

The unfortunate circumstance in this case is that it is of five weeks standing. A dislocation of this kind taken in hand immediately after its occurrence, is one of the most simple of all reductions to effect. All the surgeon has to do is to plant his knee in the bend of the arm, to grasp the arm with the left hand, and the patient's hand with his right, and to make extension and counterextension, while the knee serves as a fulcrum, when the parts will slip readily into proper position. On the contrary, if the case be neglected even for a fortnight or ten days, great difficulty is encountered, and when the dislocation has existed for three, four or five weeks, it is almost impossible to effect reduction. Why this is so has not been determined. Professor Gross has seen many of these cases, and with one or two exceptions, has signally failed in attempting reduction after the third week. This shows the importance of making a diagnosis soon after the accident.

The boy was placed under the influence of chloroform, and reduction attempted without success. The resistance to the reduction cannot be from adhesions, which would be broken up by the violence used, nor from muscular contraction, as the muscles are thoroughly relaxed by the chloroform. Professor Gross has in some cases divided a number of the ligaments, and some of the muscles about the articulation, without any benefit. The pulleys will be tried in a few days.

### Radical Operation for Hydrocele.

Charles S., æt. 25. This patient has been affected with hydrocele for five months. The radical cure consists in drawing off the water, and then

introducing some irritating substance in the vaginal tunic to excite obliterative inflammation. One plan is to inject the dilute tincture of iodine, one part of the officinal tincture to five, six or eight of water or alcohol into the empty sac, and allow it to remain if a drachm or a drachm and a half is used; if a larger quantity, it should be got rid of. Another method consists in depositing a piece of linen or muslin, and allowing it to remain for two, five, six or eight days, according to the circumstances of the case, as there is a great difference in the tolerance of the vaginal tunic. Another plan is to pull out a portion of the vaginal tunic and excise it, a very rough operation. Another consists in drawing off the water and establishing an issue by means of caustic. Sometimes the water is drawn off, and a foreign substance deposited.

In this case, the water was drawn off by making a pretty free incision, and then the edges of the wound pinched up with toothed forceps, and the whole of the internal surface of the vaginal tunic well mopped for five or ten minutes with dilute tincture of iodine. In some of these cases it is a very difficult matter to excite adhesive or obliterative inflammation. The testicle will be suspended, and by to-morrow when inflamation arises, it will be covered with a cloth wet with cold water or with a saturnine lotion. The patient was ordered an aperient of rochelle salts and a light diet. If he suffer pain, he will take a fourth or a third of a grain of morphia.

The resulting swelling will enlarge the parts to a greater size for a while than they were before the operation, which fact should always be mentioned to the patient. In some cases there is even a large effusion of serum, rendering it necessary to puncture the bag, in order to give vent to it.

### Anecdote of Velpeau.

The following anecdote is told of Velpeau, the eminent French surgeon, who died a few weeks ago. Though we must be allowed to express our doubt of its truth, the story is worth repeating.

He had successfully performed, on a little child five years old, a most perilous operation. The mother came to him and said:—"Monsieur, my son is saved, and I really know not now to express my gratitude; allow me, however, to present you with this pocket-book, embroidered by my own hands." "Oh! madam," replied Velpeau, sharply. "My art is not merely a question of feeling. My life has its requirements, like yours. Dress, even, which is a luxury for you, is necessary for me. Allow mē, therefore, to refuse your charming little present, in exchange for a more substantial remuneration." "But, Monsieur, what remuneration do you desire? Fix the fee yourself." "Five thousand francs, madame." The lady very quietly opened the pocket-book, which contained ten thousand franc notes, counted out five, and after politely handing them over to Velpeau, retired.

# Medical Societies.

## NEW YORK PATHOLOGICAL SOCIETY.

*Regular Meeting, October 9th*, 1867.

Dr. A. C. Post *in the chair.*

Condensed from Phonographic notes, for the Medical and Surgical Reporter.

### Fracture of Lumbar Vertebra.

After the reading and correction of the minutes of the last meeting, Dr Hamilton presented a patient whose history had been given at a previous meeting. The interesting feature in the case was what the Doctor presumed to be fracture of the body of one of the lumbar vertebræ, by the passage of a ball which had entered posteriorly on the left side, some four or five inches from the spinal column, and emerged from the right side near the border of the psoas muscle. The chief point to which Dr. Hamilton wished to call the attention of the Society, was the *curvature of the spine*, strongly resembling Pott's disease, only the curvature is not quite so abrupt. This he regarded as conclusive evidence that the ball had passed through the body of the vertebra. Additional proof was the direction of the wound, and the escape from it of small fragments of bone.

Dr. Post, though somewhat in doubt when the history was first given, after a careful examination of the patient, concurred with Dr. Hamilton in the belief that the body of the vertebra had been struck.

### Calculus in the Glottis.

Dr. Sayre presented a very small but interesting specimen of a minute calculus, with the following history: On Sunday night a week ago, I was suddenly called to see a lady in a suffocating condition, from what was supposed to be diphtheria. I found her a person about sixty years of age, sitting up in bed, in immediate danger of strangulation. The outside of the throat was somewhat swollen, the breathing labored, the countenance anxious. On examining the inside of the throat, I found an œdematous condition of the glottis. A curved bistoury was immediately passed down over the finger and the œdematous portion slit open. In doing so I felt the blade of the knife strike against some hard substance; I naturally thought that it might have been a bit of oyster-shell that she had swallowed. Fishing about in the throat I again felt the stone distinctly, and finally by means of a bent probe succeeded in getting it out. It proved to be a small calculus. Dr. Rogers, who examined it, reports that it consists mainly of carbonate of lime, mixed with considerable animal matter, which imparts to it a dark color. It probably had its origin in one of the follicles of the tonsils.

### Caries of Head of Femur.

Dr. Sayre also presented the carious head of a femur, removed from a little child to-day, with some pieces of the acetabulum. The child was six years of age; some eighteen months since she fell from a swing. The accident was followed by

sharp inflammation of the joint, and loss of motion, which she never entirely recovered. Child had been healthy previous to the accident. When I saw the patient the remarkable point was the extreme abduction of the affected limb. Under the influence of an anæsthetic, a careful examination was made, and strange to say, no crepitus could be obtained.

If we had been guided by this alone, an operation would not have been justifiable. The operation was performed in the usual way, by a straight incision, and the head of the femur removed, together with some small pieces of the acetabulum. It is now nearly two years since Dr. Sayre has presented any specimens of this kind. In that time he has operated upon three cases, which have entirely recovered, and upon one which has died. In all, he has operated upon twenty-three cases; out of these six died, or nearly twenty-five per cent.

### Rupture of the Heart.

Dr.——— presented the heart of a medical gentleman, (Dr. McEwen,) who died very suddenly on Monday morning, after an illness of about thirty-four hours. He was ill on Sunday, and ascribed his sickness to disorder of the stomach. During previous years the Doctor had suffered from epigastric pain, and thought himself the subject of some growth or stricture of the stomach, and had requested a post-mortem, thinking that an interesting condition of things would be found. During his illness on Sunday, chloroform and opium was administered, and though they somewhat relieved the pain, the patient was still conscious of considerable epigastric distress. He felt that there was some stricture of the stomach, and endeavored to produce vomiting by putting his finger down his throat, as he had been accustomed to do in previous attacks of this kind. This was followed by considerable retching, which, however, produced no relief. The only time that he obtained any ease, was when he sat in a warm bath, during which he fell asleep. He was then put to bed, when the pain again soon returned.

At eight o'clock on Sunday night he arose, went to the foot of the bed, and promoted vomiting by putting his finger in his throat, which then, as before was attended with a great deal of straining; when he returned to the bed he remarked to his attendant that some change would soon occur, as he had felt something give way. He then became quiet; a short time afterward he was found to be in a dying condition. He died in about ten minutes from the time he rose from the bed.

At the post-mortem examination a large deposit of fat was found in the peritoneum. The omentum was loaded with fat. The liver was fatty, with considerable intralobular congestion. On opening the pericardium there was first a discharge of bloody serum, and then several soft black clots, not firm and jelly-like as in the ordinary post-mortem clot, but soft and easily broken down. On sponging out the pericardium it was found that rupture of the heart had occurred. The stomach was examined, and found to be entirely normal, containing a small amount of yellowish fluid, and slightly discolored, at the cardiac extremity, without being softened. There was no lesion or stricture of any kind. The heart was then removed and opened; no other lesion excepting the rupture was found. Near the insertion and behind the valves of the aorta, there was noticed a slight whitish discoloration, probably indicating atheromatous degeneration.

On the walls of the left ventricle, at the apex of the heart in fact, there was found a fissure, and what is peculiar, its direction is transversely to the muscular fibre of the heart. The majority of cases of rupture occur in the direction of the fibre.

On looking to the left of the main fissure, a number of incipient fissures will be found, which sooner or later would have found their way to the surface and produced death. The formation of these has not been the work of a moment. There are sinuses extending upward from the fissures; one running toward the right ventricle, and one toward the pulmonary artery. One singularity of this case was the constant suffering of pain in the stomach. There was occasionally slight pain between the shoulders, but generally the pain was in the stomach. I was pleased to learn from Dr. Barrington of a case of rupture of the heart, in which the patient had the same symptoms of pain in the stomach. The fibres of the heart are very soft, and easily torn.

Under the microscope few of the fibres present striæ. The majority of them are granular or fatty; some contained oil globules.

Dr. Hamilton related a case of rupture of the heart, in which pain in the epigastrium was a prominent symptom.

Drs. Sayre and Jacobi thought that in cases of rupture, the pain was generally referred to the epigastrium.

### Poisoning by Opium—Recently Ruptured Graafian Vesicle.

Dr. Finnell presented the uterus with appendages, of a young woman who had died of poisoning by opium. She had taken some laudanum from a bottle, which for some time had been standing uncorked in the closet. It was not known how much she took. She retired at 10 o'clock, and at 2 o'clock in the morning was found in a stupid condition. She died during the morning. She had always suffered considerably during menstruation. She had menstruated one week before she died. The lining membrane of the uterus is intensely congested, and the Graafian vesicle shows marks of recent rupture.

### Extravasation of Urine.

Dr. Buck presented a bladder and urethra, taken from a man 37 years of age, who, on Thursday last, was admitted to St. Luke's Hospital, in a condition bordering on collapse, from extravasation of the urine. It was stated that the swelling had existed for two days. The scrotum was very much distended, so as to be tense and shining. The penis was also swollen, but not tense. The pubis and the flanks were also considerably swollen, so as to produce decided pitting on pressure. On the right side the swelling was greater, and fluctuation could be felt. The perineum was also distended and tense.

The first step in the way of treatment was to

make a free incision, so as to split the scrotum in the lower third of its lower portion. The incision was made deep, and was carried back along the perineum, perhaps to one-half of its extent, passing through the infiltrated tissues. This gave rise to a very fœtid discharge. An incision was also made in the right iliac region, over the most prominent portion of the swelling, which was followed by the discharge of a bloody fluid. The tissues exposed by the incision were dark, and in a condition approaching gangrene. As the patient was in a condition bordering upon collapse, no attempt was made to relieve the bladder at that time. It was hardly anticipated that he would survive the night. On the forenoon of the next day he was still living, and a shade of reaction had shown itself. The pulse was better than on the evening before. The scrotum had diminished in size, and the parts generally were less swollen. At this time it was thought proper to attempt to introduce a catheter, which the swollen condition of the parts had prevented before. The prepuce was still very much swollen, making it difficult to find the meatus. After repeated attempts to strike the meatus, the prepuce was laid open, and the meatus exposed. A tight stricture was now discovered, some two or three inches from the glans. A No. 2 bougie was engaged in the stricture, but could not be made to pass. This was withdrawn, and a No. 1 bougie introduced; this was held straight, and over it was passed a canula down to the stricture; the bougie was now withdrawn, and a trocar passed down the canula, and thrust in the stricture. This permitted the passage of a No. 2 bougie. The stricture was now dilated by means of Holt's instrument, until a No. 10 bougie could be passed. A catheter was now introduced, and six or eight ounces of perfectly limpid urine drawn off, showing that the bladder was not suffering from catarrh, or any other form of inflammation. The catheter was left in the bladder. The patient survived until the following Sunday afternoon. The specimen shows that the bladder was very free from disease, with the exception of thickening of the muscular coat. In the urethra there is an opening, through which the urine has found its way into the tissues.

A question in connection with this opening suggests itself: whether this had been preceded by an abscess communicating with the rupture in the urethra, the bursting of which had immediately preceded the extensive extravasation of urine. In hospital practice we often see patients with old and hardened strictures, with a tumor in the crotch, which, on being examined, proves to be an abscess. The pus sometimes forces its way through externally, and makes a fistula. In other cases, the ulcerative process may progress more rapidly than the adhesive process, and open into the tissues so as to cause extravasation. Where such a tumor exists, and its connection with a urethral stricture is clearly ascertained, it should be opened at once, so as to prevent any such catastrophe.

Dr. Lewis Smith presented the lungs, stomach and intestines, taken from two different foundling patients, illustrating lesions, unfortunately too common in such cases. The history of the foundling is somewhat like this: It comes under the charge of the city at about the age of a week or ten days. After being in the institution a short time diarrhœa sets in; this continues for a longer or shorter time, until finally the little patient dies of exhaustion or inanition. Toward the close of life a dry short cough sets in, and generally, symptoms simulating hydrocephalus close the scene.

### Patholgoical Specimens from Foundling Infants.

In these specimens, the brain and lung was taken from one infant. The stomach, lungs, and intestines, are from another infant. They both died very much in the same way. The lesions found in these cases are usually marks of intestinal inflammation, injection of the colon, sometimes only amounting to slight redness. In other cases the intestines present no distinct marks of inflammation, the mucous membrane being rather pale in appearance, the follicles of the intestines and Peyer's patches somewhat raised from the surface. In some other cases the mucous membrane is found thickened. The condition of the lungs is one of considerable interest, and throws light upon the cough already spoken of. As a general rule, this cough is not attended with acceleration of the respiration. We find the posterior portion of the lung of a dark color. It cannot be inflated. A portion of it, cut off, sinks in water. The condition present is that of splenization. In some of these cases there can be no doubt that inflammation of the lung actually takes place, due to protracted hyperstatic congestion. Sometimes the lungs are found in a gangrenous condition. Dr. Smith has found this condition in four cases. The lung presented was removed twelve hours after death, and found to be gangrenous at its posterior portion. The contrast between the anterior and posterior portions is seen to be quite striking. At first, in cases not so marked as this, Dr. Smith was in doubt as to the change which the lungs had undergone; he now believes it to be gangrene. It is usually found in infants very much wasted, and is to be attributed simply to the generally exhausted condition of the patient.

In regard to the brain, we usually find serous effusion present on removing the calvaria, usually not very much. The stomach is usually found in a condition of gelatinous softening.

Dr. Jacobi remarked that he could not see how local gangrene could be the result of general exhaustion. There must be a *local* cause, an embolus, or some other local impediment, to account for such a result.

In reply to Dr. Post, Dr. Smith stated that these cases were not usually attended with that remarkable fetor which is so plainly perceptible in adults.

Dr. Jacobi remarked that he had never seen a case of gangrene of lungs communicating with one of the divisions of the bronchi, unattended with fetor, either in children or adults.

Dr. Jacobi having alluded to the great mortality of infants in public institutions, considerble discussion followed as to its causes. Want of

pure air and improper care, as to food and nursing, were shown to be the chief agents which tend to swell the record of infantile death.

The Society then adjourned. M.

# Editorial Department.

## Periscope.

### Treatment of Yellow Fever.

Surgeon J. D. Miller, U. S. N., relates his experience of the use of the hot-bath in this disease in 1863 (*Amer. Jour. of Med. Sci.*). Having lost seven cases he determined to try a remedy which, though it is not new, is far too much lost sight of—the *hot* bath. I had the bath-tub brought to the side of the patient's cot, supplied it with water drawn from the boilers and reduced to the temperature of 114° F., immersed the patient in it to the chin, and with my fingers on the wrist, carefully noted the following results: The pulse immediately became fuller, softer, and less frequent; the pain in the head and back abated; the lethargy passed off, and the ischuria was relieved—micturition taking place either in the bath-tub, or very soon after leaving it. When the water felt no longer hot to the patient—say after the expiration of five minutes, and within ten—he was lifted from the tub, wrapped in a blanket without drying him, replaced in his cot, covered with other blankets, and left in that state to perspire freely for several hours. I found that the change in the patient was permanent. Not a single symptom regained its ascendency. The pulse remained good, the hebetude disappeared; the pain in the head, back and limbs gradually ceased, the renal execretion went on regularly, and the extreme lassitude gave place to returning strength.

On the morning of the second day following the bath I gave whisky by the tablespoonful, every hour, in double the quantity of water, to the extent of half a dozen spoonfuls, and if the bowels had not been previously opened, I gave the oleaginous emulsion, continuing the whisky on several consecutive days, to the same extent. This constituted the whole treatment, and the patient was walking about at the end of a week, complaining only of debility, and with all his functions in a normal state. I wish it to be understood that the case which I have described gives the history of every case thus treated. The last death occurred on the 4th of September, and at that time there were several cases apparently slipping away under the same symptoms. They were all put into the hot bath, and *all* recovered. At the time, I hesitated to attribute such marvellous efficacy to so simple a remedy. I thought of all possible coincidences which might have had something—perhaps everything to do with the result, and was unwilling to assert the involuntary conclusion of my own mind. I waited for further evidence.

On the 26th day of April, 1867, a man died of yellow fever on board the frigate Susquehanna, then cruising in the West Indies. Several cases followed this death, presenting the same symptoms, and again I resorted to the hot bath, and with the same happy results. I do not feel at liberty to withhold any longer this publication of my experience, if only for the benefit of the medical officers of our naval service, who have to encounter this formidable disease. If yellow fever be not a distinct disease, of isolated character, but merely a malignant type of ordinary remittent fever, developed by climatic, or local causes, as many of the profession think, then it follows that remittent fevers may be successfully treated in the same way.

It ought to be unnecessary to enjoin a personal superintendence and care in this treatment of fevers. It is all important that the water should be as hot as the patient will bear it. The physician's fingers should be on the pulse from the moment he is put into the tub, and when taken out he should be enveloped instantly in blankets, and carefully watched that he may not throw them off under the extreme discomfort of the sweating process.

## Reviews and Book Notices.

**La Medecine à l'Exposition Universelle de 1867.** Guide-Catalogue publié par la Société Médicale Allemande de Paris. Paris: Germer-Baillière. 1867. Pp. xxvii., 80. For sale by John Pennington & Son. *Price*, 75 cents.

This excellent little catalogue, to which the Reporter has already alluded, briefly enumerates all the objects of interest to medical men as such, to be seen at the Exposition. They include anatomical preparations of unrivalled beauty, some after the new method of Prof. Brunetti, (which we have described in a previous number,) others by Prof. Hyrtl, of Vienna, and Teichmann, of Cracow, principally injections of minute vessels by a novel substance, which remains after the tissue has been removed by corrosives. Microscopes, ophthalmoscopes, electric machines, and surgical instruments are mentioned in quantity. Preparations in materia medica, the recent devices to facilitate the care of the wounded in war, the best methods of building, and the systems of ventilation, are discussed. The introduction reviews, in a readable manner, most of the novelties brought forward, and the Guide is worth buying, even by those who never see the Exposition.

—— Dr. Alfred Treat, son of the Rev. Dr. Selah B. Treat, for many years one of the Secretaries of the American Board. has been appointed missionary-physician at Pekin, China. He has sailed from New York for San Francisco, and from the latter point will go to China by steamer.

Medical and Surgical Reporter.

PHILADELPHIA, OCTOBER 19, 1867.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

## NOTICE TO SUBSCRIBERS.

From the 1st of January, 1868, we shall strictly enforce again, our old rule requiring payment in advance. For reasons given some years since, pre-payment has not been insisted upon—but the circumstances of the country are now such that we feel warranted in again requiring it.

☞ Those who have not yet paid for the current year, will please remit immediately. There are several thousand dollars due on current subscriptions, which must be paid soon to insure a continuance of the REPORTER to the delinquents. The amounts are insignificant to subscribers, but the aggregate is large enough to be embarrassing to us.

## TO OUR CITY SUBSCRIBERS.

☞ *Those of our City Subscribers who hold the receipt of* R. H. LINDSAY *for money, will confer a favor by notifying us at once.* Mr. JOSEPH H. SWAIN *is the only person authorized to collect subscriptions in this city.*

## THE POPULATION OF MASSACHUSETTS.

At the third Annual meeting of the American Social Science Association, held in Boston on the 9th inst., Dr. NATHAN ALLEN, of Lowell, read a paper on the Population of Massachusetts, for the following abstract of which, we are chiefly indebted to the *New York Tribune.*

After mentioning the two methods by which the population of a State is increased, Dr. ALLEN proceeds:

1. To inquire as to what has been the increase of population for a series of years in Massachusets:

2. To notice some changes in the physical organization of women, as affecting the laws of human increase, and—

3. To present some remarks on the nature and probable results of these changes.

1. Dr. ALLEN says that an inspection of the census tables shows that for the 30 years from 1790 to 1820, the increase averaged 11 per cent. in 10 years, and this ratio constantly increased up to the decade from 1850 to 1860, when it was 24 per cent. During the first part of this period large numbers emigrated from Massachusetts to other States, with scarcely any return. In the latter part it has increased by immigration from other States and from foreign countries. It is estimated that the emigration from the State to other States during the 10 years from 1850 to 1860, has exceeded the immigration from other States by from 4000 to 5000. It is further to be observed, that the proportion and numbers of births from foreign parents have been continually increasing, while those of native parents have scarcely varied. This is proved not only by the census but by the registration report. The increase of population for 20 or 25 years has been mainly in the cities and large towns, and it will be found to be largely made up of the foreign element. In the smaller villages the stock is mostly American, and has hardly increased at all. In fact, a careful analysis of the census reports at different periods shows that this increase of population in the State follows almost invariably in the same line and in the same proportion as the foreign element has been introduced or increased. Examining the number of deaths, we find that there are absolutely more deaths than births among the strictly American children, so that aside from immigration and births of children of foreign parentage, the population of Massachusetts is really decreasing. Another fact developed by reports is, that whereas in 1765 nearly one-half the population of Massachusetts was under 15 years of age, it is believed that at the present time not more than one-fifth of the purely American population is under that age. The number of children in an equal number of families of American and foreign birth will be nearly three times as great in the latter as in the former. The records of many towns will include six to eight generations. Examination shows that the families of the first generation had an average of eight to ten children; of the next three between seven and eight; the fifth about five, and the sixth less than three to each family. Formerly large families were common, now they are rare. In some of the old towns the records of a hundred years do not show a single married couple without children. The New York census of 1865 shows that of 993,236 married women, 137,745 had no children, and 303,898 had only one or two. In the small town of Billerica there are the records of 90 families of 10 or more children. Five of these had 14, and one 21. The total in the 90 families is 1,043. The birth-rate shows the same fact that American families do not increase at all, and inspection of the registration in other States shows that the same remark applies to all. It is remarked that the decrease of children is found to prevail in country almost as much as in city, and that only about three-fifths of all that are born, including city and country, ever reach adult life. What then is to be the state of society in New England fifty or a hundred years hence? What

is to become of the Yankee stock? Can the difference among the births of foreign and native parentage be attributed to a degeneracy in the physical condition and organization of females, or a settled determination with large numbers of the married to have no more children, or a very limited number?

Writers upon population regard, as principal causes in preventing its increase, climate, famine, pestilence, government, war, want of marriage, and prudential considerations. The speaker showed that neither of these agencies, except the last, could have exerted any great effect, and this he discussed at length. His points were that such considerations are naturally wrong and physiologically harmful. The primary object of the marriage institution is the propagation of the human species. The practice of abortion was alluded to, and the statement made that never and nowhere in the history of the world, was the practice so common as in this country at the present day. The various means in which it is brought about were stated, and the opinion expressed that in New England many thousand abortions are procured annually.

2. The next question discussed was the change in the organization of females. A very clear division of the body was introduced and explained, and the necessity of perfect development of each to health, and of health to the power of propagating the species. The muscles of the children of the present day are scarcely developed at all, from various causes which were stated, the principal among which is the almost total neglect of manual labor; the body as a whole is feeble throughout, and individual muscles are soft, small, flabby, and weak. The fashions in dress have served to weaken the lymphatic and sanguine organs, and it is the opinion of the best physicians that the pressure upon the upper part of the body has served to weaken, depress, and displace that organ in woman which has most to do with reproduction, and all know how common diseases of the uterus are at the present day, although entirely unknown to our grandmothers. On the other hand, in New England the brain and nervous system generally have been highly developed and altogether predominate. The effect of this is seen in the intense headaches with which our women are now afflicted, the other portions of the body not being sufficiently developed to resist the attacks of such diseases. As a general rule, people highly educated, and following pursuits of whatever kind that severely tax the brain and nervous system, have a less number of children than those persons engaged in manual labor for a livelihood. Women distinguished for genius and intellectual attainments have never as a class been prolific of offspring. This state of things is abnormal and unnatural, against the designs of nature, and in violation of the laws of health. Those who are thus affected are frail and weak, break down in childbirth, and a great number cannot nurse their children properly. The great majority of women at the present day have no natural breasts, and though the artificial ones look well outwardly, they afford a poor substitute for the support of a child. Many children are brought up by hand entirely, at a great hazard of life. These facts are one of the strongest arguments to prove that the female organization is undergoing a change for the worse. It is now generally believed that a child derives its constitution from the mother, showing the importance of strength and vitality in women. A change in the sexual propensity, a visible decline in the propensity implanted in women for noble purposes, is a key to the increasing infidelity of husbands and the long lists of divorce. American women have been also diminishing in size for fifty years. A comparison between the French and American women was drawn, and though the causes of the movement have been different the result has been the same. While there has been a great advance among women intellectually, it has not really been an improvement.

3. In answering the question, What is to be the remedy of this state of affairs? the speaker stated his belief that little is to be expected from intermarriage. The evil is caused, as has been stated, by three things: Neglect of physical exercise, fashionable dress, and too exclusive cultivation of the brain. The remedy of the first is plain, and the movement in seminaries for increased physical development cannot be too highly commended. To persuade women to give up fashion is more difficult, but there has been some improvement in the fashions themselves of late years. But still there is the custom of clothing the body unequally, so that the breast and the arms and legs are not kept so well guarded against sudden changes in the weather as the other parts of the body. The effect of this is to produce a congested state of certain organs. The use of fine wheat flour in a newly-baked condition brings on dyspepsia, indigestion, and costiveness. Girls are put to school too early, and in every particular their education is too stimulating and exciting for their organization. A reform must also be effected in the notions of the object of marriage and the qualities most to be

sought for in a wife. Instead of the slender form, small waist, and fashionable accomplishments, let a well-developed body, good health, a sound constitution, and knowledge of domestic duties be the qualities most preferred.

THE PHYSICIAN and the APOTHECARY.

We notice that our profession in New York city are in some respects in advance of us in regard to the relation that should exist between the physician and the apothecary. That excellent little work, the Medical Register of New York, announces that in future editions the names of physicians who are known to be interested in drug stores, will be omitted from its list of the regular profession of that city. And the East River Medical Association has appointed a committee of correspondence with apothecaries on the subject of renewing the prescriptions of physicians without orders.

There are other subjects of importance involving the relation of the physician and the apothecary, which should receive attention. Among these are the sale of quack medicines, and the habit which some apothecaries have of prescribing remedies over their counters. Physicians should be conscientious in patronizing and recommending only those apothecaries who devote themselves strictly to their profession.

On the other hand, we have reason to fear that there are physicians, prominent ones too, who are not above making little side arrangements with certain apothecaries, by which they agree to send their prescriptions to them for a consideration, which, of course comes from the pocket of the patient. We seldom prescribe for a new patient that we are not asked if we have any special apothecary to recommend.

Again—a case of this kind was recently related to us. A physician took a patient for office consultation to a prominent practitioner, a professor in the college of which he was an alumnus. After due examination of the case, a prescription was written, and the remark made to the patient, "Take this to Mr. ——, and he will put it up for you." It being more convenient to go to another apothecary in another part of the city, the prescription was taken to him, but there was one ingredient in it with which he was unacquainted, and which he could not procure, and after trying several apothecaries, none was found who could put up the prescription, save the one originally recommended by the consulted physician. Did he use a cypher in order to have his prescriptions go to a certain apothecary? Such conduct was not only unprofessional, but an insult to the physician who asked the consultation.

# Correspondence.

## DOMESTIC.

### Quackery in the Medical Profession.

Editors Med. and Surg. Reporter:

In No. 549 of your excellent journal is an article by "Medico," on "Quackery in the Medical Profession," of which the only fault is its brevity. In the absence, therefore, of his more practised pen, I venture to send the following contribution to your columns, as a sort of supplement to his paper.

An endeavor to depreciate the professional character of another physician, by slurs or inuendoes as to his diagnosis or treatment, is not quackery; it is cowardly, unchristianlike, and, in one word, ungentlemanly conduct: cowardly, because it is generally done with an injunction to secresy, or in a way, or in words which cannot be taken notice of by the sufferer, and because it is generally aimed at the young practitioner, struggling, if not for bread, certainly for honor and reputation; unchristianlike, for it is diametrically opposed to every precept inculcated by the Divine founder of our belief, which teaches good-will and charity to all men; ungentlemanly, because it is at variance with all the attributes necessary to constitute a man and a Christian, the combination of which makes the gentleman. He who is guilty of such conduct, becomes despicable in the eyes of every honorable man, who would, with great justice, refuse to hold any professional communion with him. "Make it a rule never to speak of any professional rival, unless you can speak to his advantage; if he have merit, allow him the whole of it, and give your sentiments of his talents with the unaffected earnestness of truth. Do not imagine that your acknowledgment of his merits will hide his defects, or obscure your own good qualities. Grant that he adopts a contrary course, speaks ill of you, or throws out insinuations prejudicial to your interests—then is your triumph complete. Think you that man will not contrast his mean and soulless conduct with your manly and honest candor? Think you that he will not more deeply condemn himself by attempting to misrepresent *you*—that society will not visit his ungenerous conduct upon his own head, while the profession silently spurn him from their confidence?" I regret to be obliged to confess that too much of it exists among medical men, and how often has the youthful M. D. been, if not ruined, at least cast temporarily into the shade

by the wise look, the significant nod, or the equivocal "Ah!" or "Indeed!" of some stupid Sir Oracle, whose years alone entitle him to respect.

The best definition I can find of quackery is by Dr. Johnson. "Mean or bad acts in physic, false pretensions to any art." This includes the far too prevalent custom of making to unprofessional hearers statements which are known to be absurd, but which have a tendency to magnify the value of the doctor's services, and create amazement at his skill. Ex. gr. Dr. —— is called to a case of ephemeral fever, which would probably disappear spontaneously in a few hours; he looks wondrous wise, and says to the patient, "How lucky for you, that you sent for me when you did, an hour later you would have had typhoid fever, but I am in time, and will stop it." Then the Doctor explains to the laity how many cases of typhoid and scarlet fever he has lately had, and how rapidly he *cured* them. This is no idle fancy, for I have known such men and am quite certain that the species is still in existence. Now this is most arrant quackery, for it is an endeavor to enhance his own importance and services by a false representation of his ability to arrest any disease that must follow its own course and obey its own laws. Another looks sapient, as though he were reflecting deeply on the case, leans his chin on his cane, if he carries one, appears to think, and then, as if by inspiration from the carpet or the ceiling, rapidly jots down a prescription in a language which he probably does not understand, and written in hieroglyphics mysterious to the patient, who wonders in mute astonishment, and can scarcely believe that so small a head can contain so much knowledge.

Another phase of this affection may be termed the religious. Your pious doctor becomes a vestryman, or a leader in some church, the more fashionable the better, is devoted to the pastor, attends regularly all the services, or, if absent, is prevented by professional business, a fact carefully discriminated (by his friends) throughout the congregation, he is called out *occasionally* during divine service, with great fracas. This is a dodge sometimes resorted to with great success, but it must be practised with great judgment, as it loses its virtue by repetition.

A most unprofessional proceeding which deserves the name of quackery, is the practice of inviting laymen to be present at hospital operations, that they may spread abroad the fame and skill of the operator. This is a neat way of blowing one's own trumpet, but it very frequently turns out to be a mere penny whistle. In connection with this may be classed an interest in an apothecary's shop, or the writing of prescriptions in symbols or characters known only to a certain druggist, who allows a per centage thereon. This is more reprehensible than the former, for the patient pays, of course, the apothecary's profit and the doctor's per centage, unjust to the rich, oppressive to the poor. "O, reform it altogether."

One source of quackery springs from the public themselves; they force the medical man into a quasi empiricism which he abhors. With how few people can one be really candid, and tell them that they do not require dosing, but a little attention to diet, less brandy, fewer hot suppers, more exercise, and so on. The chances are that one is set down as an ignorant fellow, who actually did not know what to do, whereas another, with half the knowledge of the former, writes a prescription, certainly useless, perhaps injurious, and is accounted a wonderfully clever doctor. There is a pleasure to many people to be humbugged, and they prefer either a show of wisdom, a latin prescription, (*omne ignotum pro mirabile,*) or a learned discourse in sesquipedalian words about their complaints, often imaginary, to a plain common-sense statement with easily understood directions as to their treatment. That is their misfortune, for which we deserve no blame.

Such are some of the most prominent symptoms of this Protean disease; their name is legion. Any departure from the conduct of an upright honorable gentleman is quackery, and inconsistent with the character of the *true* physician. An old Spanish writer says, with great truth, "El medico, en fin, que es *medico*, es digno de grande estimacion, porque es el conducto por donde Dios embia à los enfermos un bien tan precioso como la salud; es el instrumento de que usa la mano de Dios para hazer el mayor de los bienes corporales, y es en la tierra como una losa soberana, que es anda haziendo vidas."

The profession of medicine, when properly exercised, is the noblest and most god-like calling on earth; but we should never forget that we are but the instruments in the hands of Him who directs and governs all things, who has endowed us with reason above all the animals, that we may relieve and assist our fellow-creatures, and who will require from us a just account of the use of our talents; then the good physician, after the cares and toils of this world, wherein, possibly, he has not been appreciated, will receive his reward, when his actions

shall be judged by the Sublime Intelligence which reads and understands the motives of men.

MEDICUS.

*Germantown, Pa., Oct.* 1867.

# News and Miscellany.

### Appointments.

The Commissioner of Pensions has appointed the following Examining Surgeons: ROBERT H. BROWN, at Kirksville, Adair county, Missouri; S. S. CLEMMENS, at Manchester, Bennington county, Vermont; H. C. BARRELL, Springfield, Sangamon county, Illinois; M. V. B. NEWCOMER, Tipton, Indiana.

The following have just been appointed assistant surgeons in the regular army: Samuel Henry Osten, A. B. Campbell, John N. Randall, W. J. Wilson, Jenkins A. Fitzgerald, Peter Moffat, Charles Styer, Joseph H. T. King, Joseph K. Corson, Alfred Delano, W. H. H. Michler, Daniel Weisel, and Peter J. A. Cleary.

### Medical Convention in Canada.

We learn by a despatch that a Medical Convention met in Quebec on the 9th inst., delegates from all parts of the Dominion attending. Resolutions for forming a Canadian Medical Association, and for the advancement of medical science, were unanimously adopted. The Hon. Dr. TUPPER, C. B., was elected President of the Association. About 300 delegates were present.

—— A girl 10 years of age, was resuscitated at Rumney, Massachusetts, twelve hours after she was supposed to have been drowned. She did not regain full consciousness for more than two days.

—— POISONING BY PHOSPHORUS.—M. DYBKOWSKY, in a recent memoir, states that the poisonous action of phosphorus is entirely due to the formation of phosphoreted hydrogen gas, which, in passing into the blood, rapidly combines with the oxygen present. Hence he concludes that death from phosphorus is nearly equivalent to death by asphyxia.

[*Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.*]

## MARRIED.

ANGNEY—HAND.—Oct. 1st, by the Rev. George Hand, John R. Angney, M. D., and Martha P. Hand, all of this city.

CARTER—MAXWELL.—On the 1st inst., near Bloomington, Ind., by the Rev. Levi Hughes, Major Vinson Carter, of Indianapolis, Ind., and Miss Emma T., daughter of Dr. J. D. Maxwell.

CLOWES—FORSYTH.—Sept. 26, at the Second Presbyterian Church, by the Rev. W. D. Howard, D. D., assisted by the Rev. A. K. Bell, D. D., Dr. Wm. Clowes, of Middletown, Pa., (formerly of Pittsburgh,) and Miss Sallie P. Forsyth, of Allegheny city.

FLOWERS—HAMMOND.—Sept. 11th, by the Rev. C. O. Steel, at the residence of the bride's mother, Dr. R. W. Flowers, of Pine Bluff, Ark., and Miss R. A. Hammond, of Little Rock.

LYON—TUCKER.—In New York city, by the Rev. P. B. Heroy, of Bedford, N. Y., Dr. Irwin W. Lyon, of Hartford, Conn., and Miss Mary C. Tucker, of New York city.

SHAFER—FRAKER.—On the 2d inst., in the Presbyterian Church at Shirleysburg, Pa., by Rev. Wm. Gwin, assisted by Rev. C Forbes, Dr. Alexander Shafer, of Belleville, Pa., and Miss Ellen Fraker, of Shirleysburg, Pa.

STONE—TARR.—Sept. 24th, in Baltimore, by the Rev. Dr. A. E. Gibson, Yelverton P. Stone and Miss Leida J., daughter of Dr. Wm. H. Tar, all of Baltimore.

WILSON—GEBHARD.—On the 10th inst., in the Third Reformed Dutch Church, by the Rev. J. W. Schenck, Mr. Henry C. Wilson and Miss Lizzie Gebhard, daughter of Dr. L. P. Gebhard, all of this city.

## DIED.

CULBERTSON.—At Stewartsville, Mo., Oct. 4th, 1867, Ada Dell, infant daughter and only child of Dr. A. J. Culbertson, aged 14 months. Ohio, Indiana, and Illinois papers please copy.

DUTTON.—In East Burke, Vt., Sept. 15th, of cholera infantum, Nellie Maria, daughter of Dr. Thomas T. and Mary J. Dutton, aged nearly 14 months.

HITCHCOCK.—At Fort Gibson, Cherokee Nation, Sept. 21st, Sarah Daisy, infant daughter of the late Dr. D. D. Hitchcock, aged 11 months and 15 days.

KITTREDGE.—In Westborough, Mass., Oct. 1, Mary C., daughter of Dr. J. Kittredge, late of Montclair, N. J.

SHUMARD.—In Cincinnati, Oct. 6, Dr. George G. Shumard, aged 42 years.

STALL.—On the 2d inst., in Clermont co., Ohio, near Laurel, Dr. John F. Stall, aged 65.

## ANSWERS TO CORRESPONDENTS.

*Dr. J. A. B., of O.*—We wish the back numbers advertised for, and will credit you ten cents each on them.

*Dr. W. H. B, of N. Y.*—The volumes were duly received. Many thanks.

*Dr. J. K. M., of Pa.*—Gross' Surgery costs $15.00. Dalton's Physiology, sheep, $6.25.

*Dr. C. S., of Texas.*—Taft's Operative Dentistry is in press, and will not be ready for three weeks or so.

*Dr. C. N., of N. J.*—Living in London costs about three-fourths what it does here, both currencies taken at gold basis. Good board can be had for thirty shillings a week.

*Dr. S J. L., of Va.*—The globular pessary was sent you on the 12th.

*Dr. N. J. N., of Mich.*—"Is it I?" was mailed you on the 10th.

*Dr. I. D., of Pa.*—Ruppaner on Hypodermic Injections was mailed you on the 10th.

*Dr. J. W, of Ill.*—Your order was forwarded Dr. Banning on the 7th.

*Dr. A. B. D., of Pa.*—Elwell's Malpractice was mailed you the 10th.

*Dr. J. M. J., of Miss.*—Waring's Therapeutics sent by Express, on the 10th.

*Dr. W. H. B., of Pa.*—The ear-trumpet was sent by Express, on the 9th.

*Dr. D. W. B., of Pa.*—Hartshorne's Essentials mailed Oct. 10th.

*Dr. C. B., Jr., of Texas.*—Grace's Mauual mailed October 11th.

*Dr. S. K., of Del.*—Bennett's Uterine Pathology not yet to be had.

*Dr. R. B. B., of Pa.*—The money you sent was forwarded to the editor of Braithwaite's Retrospect. If the periodical does not reach you, you must have recourse to the editor.

## METEOROLOGY.

| September, | 30. | O. 1, | 2, | 3, | 4. | 5, | 6. |
|---|---|---|---|---|---|---|---|
| Wind..... | N. | N. W. | S. W. | S. W. | N. E. | N. E. | N. W. |
| Weather.... | Clear. High Wind | Clear. Frost. | Clear. Frost. | Cl'dy. | Rain. | Rain. | Clear. |
| Depth Rain.. | | | | | | 1 6-10 | |
| *Thermometer.* | | | | | | | |
| Minimum..... | 45° | 35° | 44° | 57° | 49° | 48° | 44° |
| At 8, A. M..... | 50 | 52 | 56 | 64 | 52 | 63 | 52 |
| At 12, M..... | 57 | 59 | 70 | 63 | 53 | 65 | 57 |
| At 3, P. M..... | 58 | 62 | 70 | 67 | 54 | 66 | 56 |
| Mean..... | 52.50 | 52. | 60. | 63.50 | 52. | 60.50 | 52.25 |
| *Barometer.* | | | | | | | |
| At 12, M..... | 30.1 | 29.9 | 29.9 | 30. | 30.2 | 29.9 | 30.2 |

*Germantown, Pa.* B. J. LEEDOM.

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| Aperient | 90 |
| Assafœtida, 2 gr. | 40 |
| " et Rhei | 75 |
| Bismuth: Subnit: 3 gr. | 75 |
| " Subcarb: 3 gr. | 75 |
| Calomel: ½ gr. to 3 gr. | 40 |
| " et Opii | 85 |
| " et Rhei | 75 |
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| Chapman's Dinner Pills | 60 |
| Cerii Oxalat: 1 gr. | 1 00 |
| Chinoidin: Comp: | 1 00 |
| Cinchon: Sulph: 1½ gr. | 75 |
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| Colocynth: et Hydrarg: et Ipecac: | 75 |
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| Fel: Bovinum | 50 |
| Ferri, (Quevennes,) 1 gr. | 50 |
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| Ferri Valer: 1 gr. | 1 00 |
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| Ferri et Quin: Cit: 1 gr. | 75 |
| " " " 2 gr. | 1 40 |
| Ferri et Strychniæ | 75 |
| Ferri et Strych: Cit: | 75 |
| Gambogiæ Comp: U. S. P. | 40 |
| Gonorrhœa | 60 |
| Hepatica | 90 |
| Hydrargyri, U. S. P. 3 gr. | 40 |
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| Iodoform et Ferri | 3 50 |
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| Potass: Bromid: 1 gr. | 75 |
| Potass: Iodid: 2 gr. | 85 |
| Quiniæ, 1 gr. | 1 45 |
| " 2 gr. | 2 75 |
| " Comp. | 1 75 |
| " et Ferri | 1 75 |
| " " et Strychniæ | 1 75 |
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| Corrosive Sublimate, 1-12 gr. | 40 |
| Digitalin, 1-60 gr. | 75 |
| Elaterium, (Clutterbuck's,) 1-16 gr. | 95 |
| Ext. Belladonna, (English,) ¼ gr. | 40 |
| " Cannabis Indica, ¼ gr. | 60 |
| " Hyoscyamus, (English,) ½ gr. | 40 |
| " Nuxo Vmica, ½ gr. | 40 |
| Mercury Iodide, ¼ gr. | 40 |
| " " Red, 1-16 gr. | 40 |
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# MEDICAL AND SURGICAL REPORTER.

No. 556.] PHILADELPHIA, OCT. 26, 1867. [Vol. XVII.—No. 17.

## Original Department.

## Communications.

### THE UNAIDED AND AIDED POWERS OF THE ECONOMY IN CONTROLLING AND LIMITING DISEASED ACTION.

By Jas. Adolphus, M.D.,
Of Hastings, Mich.

This important topic deserves the attention of medical men in a most extensive sense. We are seeing every day the efforts of this *vis medicatrix naturæ* successfully curing disease, and we observe often how we but too frequently thwart its achievements.

When the vital forces are made to succumb to morbid influences, there must necessarily be established a depravity of constitutional vigor. It not unusually occurs that the whole mass of the vital fluids are more or less deteriorated under the influence of morbid agents, and the capacity of organs more or less seriously lowered.

When we contemplate disease as a negative, the fact then is evident, that its cure must be founded on the capacity of the vital forces to restore their integrity and maintain their influence. I ask myself often, while at the bedside, how can the depressed vital forces be made to rally? How can this disease be overcome? In this inquiry I find but one answer. How much can I do, and not interfere with the natural process of cure that is inherent in the constitution of the patient?

I am satisfied that all curable disease lie within certain limits. That the vital forces and diseased action must be regarded as possessing relative powers. If *one* represents the force of a disease, then the vital forces must stand at one plus one half or one or more in all curable diseases. When a physician is called to a case, his first inquiry should be, "is it self-limiting? 2d. What are its limits. 3d. How long will it take to reach its limits?" Then we inquire, can we force it to reach its limits at an earlier period than it would if left to itself? 2d. To what extent are the vital forces impaired? 3d. How far can we attack the disease and not meddle with the natural process of cure on which we depend to effect a cure? As diseases also have different modes of terminating either favorably or fatally, is it not wise to study these also?

But it is important, likewise, to know how a disease makes its inroads upon the system. In what manner it first attacks the economy; what class of tissues is most likely to affect; and what changes are most probable to occur in them. I am frank to admit that often we take to ourselves more credit in the cure of disease than is justly ours, and thereby deceive ourselves, and mar the usefulness of our art. I also am much inclined to believe that our reliance on drugs is by far too great, while we in these cases are apt to do with them too much damage.

How far a disease is curable if left alone, is a very momentous question to us. How far we can control diseased action is of vital consequence to us to know. It is of equal consequence to us to know *how* we cure disease; and how they cure themselves. For my part, I cannot believe that we can cure disease unless we are able to *impart to the economy something it lacks*. Deficient vital power is the true name of disease. Lowered molecular life is what we have to do with. This state or condition is either local or general, and when the morbid elements are at work, their office is to make the system *eat itself*, or starve itself, or shock the whole vital fabric. The first presence of diseased action is to impair nutrition; to induce morbid neoplasms; to evert physiological changes; to break down the histological elements; to poison the nutritive fluids. During these processes, local or general inanition must result; shock must come on.

I feel confident that our art must teach us how to look on and watch; must educate us how to keep violent hands off of our patients. The science and art of medicine reveals to us the fact that the human constitution will tolerate a marvellous amount of ill-usage from the learned doctor, and come out all right in spite of his careful skilful drugging.

There are facts in medical science that teach me, that the most successful practitioners are those who regard all diseased action pretty much as being the results of impaired nutrition and of shock. Most assuredly the first impressions of the morbid elements are upon the nutritive forces, or to shock the vital elements of the life forces. Thus a healthy man goes into an ague district; soon he feels languid and loses his appetite. There is an impression made upon the ganglionic system, and through it upon the nutrition of the body. If he leave at once, the effect may wear off by virtue of the power of the economy to overcome the limited dose of poison, and decompose it. But if he tarry long, the accumulation of the poison breaks him down through the process of impaired nutrition, and shocked nervous system. The dose of poison may be strong enough to cause coma, or may only cause rigors and fever. Mark here a law of the economy; if the man is long subjected to the poison—TOLERANCE after a time is established, and the rigors and fever cease, the disease limits itself! This is what is called "getting used to hard feed," and it is a magnificent arrangement too. Tolerance is in fact that peculiar adaptation of the tissues through the vital force to new external relations after a certain acquaintance. Now the unaided forces of the economy require some time, some tuition to effect these changes, but they will be brought around if the forces of the disease lay within certain limits, in relation to the vital economy.

The cure of this condition lies in changing the molecular sensitiveness of the nerve tissue, and perhaps certain other states of the nutritive fluids are also effected. But to aid the power of the economy, we give drugs to neutralize the poison; but at the same time, mind you, if the subject still stays among the poison, I am inclined to believe that a final cure is effected only through the capacity and efforts of the powers of the economy to control and limit the diseased action.

There is no question that nearly all diseases are self-limiting. There is no doubt in my mind, that the efforts of the vital forces of the economy are through the nutritive system. Look at our continued fevers; will any man of experience and judgment say that there is not a strong tendency in these forms of disease to cure themselves, and that especially where the patient is prudently, wisely and carefully fed and sustained during its progress? Many serious symptoms, such as furious delirium, diarrhœa, hæmorrhage, apparant exhaustion, *pneumonia*, etc., are real crises of the disease, which run themselves clear under proper management.

When we stop to think of the process of causation of this class of disease, we find that we can aid the powers of the economy very much indeed, in bringing the disease to a successful and early issue, by the use of the *sulphites* of magnesia or soda, by proper food, by stimulants and opium. But in using aids to the natural vital force, our duty is strictly to imitate their conduct and method. We feel much concern on this point.

Many times, then, fevers are ushered in by chills and rigors. In these cases, *quinine* is needed in *large* doses during the whole progress of the disease. Other cases are slow in their approach, and gradually undermine the vital economy; these cases are the result of *idiopathic* poison, and need the sulphites and stimulants; opium and gelseminum to deaden the sensitiveness of the nervous system, and ensure sleep. But we must recollect that the body must be fed up in grand and magnificent style to ensure success. The fortification of the economy must be well cared for, so as to keep up the resisting force of the citadel.

Fevers of all types have certain individual limits. While we study them, we discover there are certain features peculiar to each, which manifest themselves during the process of natural cure. Here is the power of the physician manifest; so also of nature. The occurrence of inflammations during their course must frequently be looked upon as the result of the natural efforts of the economy in overcoming the diseased action, as we often see reason to attribute it to heighten nervous sensibility. During these occurrences we do aid most remarkably in overcoming these conditions, by the application of hot moisture, abundant alimentation, stimulants and opium. The rapid introduction of food into the system, by the rectum as well as the mouth, dry cups, rubefacients, friction, the hypodermic syringe, and fresh air.

The limit of a disease is found on the capacity of the vital forces to overcome it. When we speak of the vital economy overcoming morbid action, we refer to the life-capacity of the organ or organs affected. Drugs can accomplish nothing farther than to supply the system with some material it lacks, or by acting chemically on the fluids of the body, by their sedative or stimulating influence on certain tissues; all other actions are placebos or irritants.

In inquiring into what are the limits of a disease, it often appears that we find ourselves

deceived by wrong reasoning. Thus in inflammations of the pleura, we often find hydrothorax as a result. This we regard as a result from too inactive treatment, and expect to prevent it by active efforts on our part, with certain remedial agents known as antiphlogistics. We will take this as a type of many diseases. Now I hold it as self-evident, that the hydrothorax is a result of complete exhaustion of the life forces of the organ, which doubtless is removed only by restoring the vigor of the part. But I believe I can say with much confidence, that no such result to pleurisy frequently occur, where the life forces are not severely depressed by morbific agents. This depression is followed by exhaustion of the nutritive forces of the part as well as of the general system. To prevent hydrothorax as a result of pleurisy, we trust to nutrients to such aids as will sustain the nerve forces, or relieve their hyperæsthesia, increase the molecular life of the part affected, and sustain the general recuperative power of the system.

Our experience teaches us that to do these requires such management of the patient on our part as shall not lower his digestion, nor incumber the stomach, nor shock the sensitive nervous forces, nor interfere with the natural process of cure inherent in the part. Life of tissue implies food to tissue. All means that can and will add to the support and maintenance of the economy during the prevalence of the morbid process, are proper aids. But after a hydrothorax has occurred, who expects to cure it by drugs, other than such that act as food or some such way? Many times we vaunt our success in drugs, while in truth nature has stolen a march on us. When we apply our calomel, our blue pill, our cupping glasses, in short, our alteratives, we at the same time order rich nourishments and appropriate stimulants, and rubefacients, etc.; and after the patient is well we give the credit to our mercurials and alteratives. Hence come mountains of deception and delusions in our art. Whether we have the ability to force a disease to reach its limits or to terminate sooner than it would if left alone, is an inquiry of some moment. Here rests the vaunted power of our art. The grand homœopathic humbug has had some influence for good upon us, by showing us what can be done without medicine in the treatment of disease.

On the other hand, we must turn our attention to what can be done by medicine to accomplish that purpose. Here let me observe that we often mistake a prevention for a cure. Thus a man on feeling languid, and some headache, loss of appetite, etc., resorts to an emetic, and after its operation comes out well. Doubtless the emetic acted as a preventative. But another man in like condition failing to take an emetic, comes down eventually with a typhus fever. Now we ask, can we force this fever to run its course at a shorter period than it would if left to itself? I believe we can. Considering the vital forces competent to the task of maintaining themselves through the attack, either aided or unaided, we can accomplish two things,—we can supply the material on which the economy is to live, and compensate the waste. We can neutralize the poison in part. We can assuage the hyperæsthetic nervous tissue.

Who of us cures a fever? I believe it not possible. We feel lost when we attempt to cure by drugs. We attempt legerdemain feats upon ourselves, when we attempt to force ourselves to believe that we can do with drugs what in fact the economy alone can do.

It is a question we often hear asked, "how extensive are the vital forces impaired?" I knew a physician—a friend of mine—a man of great skill, who often asked me this question, and applied his treatment according to the answer. He who goes into the sick chamber with his head filled with materia medica, will often come out with his head crammed full of pathology. The impairment of the vital forces are in consequence of diseased action, it is true; our aid here must be *more life*; the cure must be sought in that. The economy struggling to overcome diseased action, often becomes exhausted in its efforts. Here is where we stumble. Here, just at this critical point, do we do the damage. Damned be the medicines and drugs, I often say, and throw them at this particular juncture "to the dogs." The economy is crying out for *more life, more vigor, more power;* and when we take the hint, how happy we feel, because our efforts have been so well rewarded.

It often occurs that it is only to these critical junctures the patient owes his life; because the doctor suddenly drops his drugs and resorts to restoratives, and after these finds his patient far better, and really in no farther need of his pills, and powders, and noxious potions. Brethren, are not these "your sentiments?" I have treated scores of cases of continued fever, and used little or no medicine, saving the sulphites, in much smaller dose than is usually recommended; tea; plenty of food; mush poultices when pain and tenderness was present; opium when the nervous system was hyperesthetic, and when sleep was not easily procured otherwise.

We cannot force an inflammation or a fever to subside after being well established. I feel often pained while reading such eminently learned work's as Profs. Geo. B. Wood's Practice, Aitkins, Copeland, etc., to see how loose those great men talk when treating on treatment of diseases they have so learnedly described. Especially relating to blood-letting do I find them in great error.

When a man tells me that bleeding will shorten a disease, I feel like pausing a little to reflect. Great minds are liable to be deceived, and I must wait to see if they are not deluded. Blood-letting is recommended at the very outset of the disease, at its very inception. I cannot accept the doctrine. Here is when we are able to cure disease by preventing its incubation. Here is when we can overcome shock best; here is when our mush poultice, stimulants, revulsion, work their great wonders. Here, too, our emetics, our warm baths, our full doses of opium, rest, perfect rest and quiet, do their miracles. Then why vaunt the lancet above either one or all of them?

Not long ago I was called to see a strong and vigorous man, who was suffering dreadful agony from dyspnœa, pain in the left side, high fever, frequent, full and bounding pulse. He was seized with a severe chill a little while before. He in fact had pneumonia, sthenic pneumonia. I ordered his thorax wrapped well in a big poultice, as hot as he could bear, and gave him five grains of quinine, and a half grain of morph. His disease was quickly arrested, and he was fed with beef essence, both per mouth and rectum.

The impairment of the vital forces is of no small moment to us while treating disease, and our efforts then must be to sustain them, and this can be done no other way than by food in its most extensive signification. A grain or two of quinine may be food, but mercury never. Digitalis may act, and tea or alcohol, but antimony never. Therefore I believe that often our patients are exhausted through shock, in consequence of the action of drugs on the system, while the conomy is in the "hottest and thickest of the fight."

Again, shock comes on from starvation, from excessive nervous hyperæsthesia, or from want of sleep. Many patients die from the want of a well-timed and prudent dose of opium. To attack a disease vigorously is often the surest way to lower the vital economy, and produce serious results. The method nature adopts to cure disease, is too often interfered with through the operation of drugs, and the condition is made more desperate.

The aided powers of the economy in curing and limiting diseased action, are often remarkably illustrated in children. Not long since I was called in to see a little girl aged three years, who was sick with the forming symptoms of cholera infantum. Her whole nervous system was highly sensitive and irritable. I ordered her half a dozen doses of morphia and quinine, and she soon recovered.

A boy 14 years old, was attacked with severe headache, photophobia, frequent pulse, and backache. I ordered him a hot mustard bath, beef tea enema, and opii. per orem. He soon recovered.

An old lady, 70 years old, suddenly attacked with pneumonia, was treated with quinine, glycerine and opium, and plenty of whisky punch and food. Her recovery was perfect.

All severe cases are treated by me on the expectant plan strictly, till I see where I am, and what my patient needs. I ever bear in mind that the vital forces have all they can endure to struggle against the ruling forces of morbid action. Is it not wise to appreciate the fact, at the very outset, that the several classes of diseases present a decided tendency to terminate in certain manners fatally? That is, that certain modes of dying prevail with certain diseases. Particular vital centres become early exhausted and die first, such as the cerebro-spinal system and the circulating system. Thus, in croup, we find that the zymotic poison attacks and kills the respiratory nervous system; so in bronchitis, influenza, diphtheria, and pneumonia. Here strychnine, quinine, and sulphite of magnesia are grand remedies. The two former for the action on the nerve-tissue, and the latter on the blood-poison. In croup, diphtheria, and other kindred diseases, the lime-water vapor acts, no doubt, through chemical action on the poison. In continued fever, the heart and other circulating organs are mostly attacked, as in them death first commences. The nutritive fluids are here first affected, and the tissues die from ill-nourishment; the brain sympathizes, because its vessels are not supplied with proper food. Death by inanition is a prominent form of dissolution, and demands our best and most watchful care. Why disease is death. The nutritive system is shocked, food is illy or not at all elaborated. Often, what is taken, only serves to create other centres of infection and poison, through putrefaction. Digestion in the sick chamber must be more carefully studied.

It not unfrequently occurs, that medicines disturb, impair, or arrest the weak process of digestion going on in the economy. A real dyspepsia is

set up indeed. Either the patient is over-fed or under-fed, and the food is not appropriate, or the stimulants are too strong or too weak, or not administered at proper times. Now here, just here, I must observe that therapeutics aids us much. In a fever, why not treat the case as we would a severe attack of dyspepsia? While we attack the poison by sulphites, why not administer decoction of cinchona with tr. nux vomica? These are more than tonics; they are really food. They are carried to the tissues, and serve to supply material to them, on which to work. They stimulate molecular tissue, and call up vigor and force. In rheumatism, we combat the poison by the sulphites and chlorates, as in fevers, and we administer ant. pot., decoct. cinchona, with tr. black cohosh. In all diseases we find the nervous system more or less hyperæmic, or hyperæsthetic. When our opportunity offers, we lay in the opium in *full* doses at long intervals. To aid the powers of the economy in its efforts to overcome disease action, we must know what the economy needs, and what it is struggling against. A young lady, æt. 22, was severely attacked with with rheumatism. Our usual treatment was unsuccessful. We gave her hypophosphite of lime, and she mended immediately. She was passing the phosphates largely.

## DISLOCATION OF THE FEMUR, WITH PARTIAL FRACTURE OF THE NECK.

Reported By Joshua Chitwood, M. D.,

Of Connersville, Fayette County, Indiana.

I was called Sept. 19th, 1867, to Mr. S., farmer, æt. 45, who had been thrown from a wagon. I hurried to his residence, six miles in the country, and found him lying on a lounge, complaining bitterly of pain. By questioning himself and his family, I gleaned the following

### History.

Whilst Mr. S. was hauling wood, the horses became unmanageable and upset the wagon. Mr. S. was thrown to the ground on his face, the wagon falling on his back. Hereupon, a small boy who happened to be present, informed some neighboring women. They in attempting to raise the wagon, unfortunately let the levers slip, and again the sufferer received with force, the whole load upon his hip. When Mr. S. was liberated, he was lying with his face to the ground, with the right thigh pressed upon his breast.

I examined the patient carefully. The limb was shortened one inch, and was inverted, with the toes resting upon the instep of the well foot. There was a hollow corresponding with the acetabulum, and a bulging above. I diagnosed the case, dislocation of the thigh on the dorsum of the ilium. I attempted reduction but failed, my supply of chloroform being exhausted. It now being late, and my help being inefficient, I concluded to place my patient under a powerful anodyne and leave him, to return the next morning, with professional assistance. Early the following morning I saw the patient, Dr V. H. Gregg accompanying me. Dr. G. examined the case and coincided with me in the diagnosis. We placed the patient under the full influence of chloroform, and by manipulation, we had the satisfaction of forcing the head of the bone, accompanied by the usual clicking sound into the acetabulum. After the reduction, Dr. Gregg seized the limb; flexed, extended, and rotated it, meeting with no resistance. It was then carefully measured, from the anterior superior spinous processes of the ilium, to the internal condyles of the femur, and was found to correspond in length with the opposite limb, and rested in, and maintained its natural position. We applied the usual dressings, bandages around the hips and knees, ordered an evaporating lotion of ac. acetici, dil. tr. camph. and water, to be applied constantly to the joint; prescribed small doses of morph. sulph. and pulv. camp., to be given *pro re nata*, and left the patient, as he expressed it—feeling quite comfortable. I visited him subsequently on the 20th, 21st, and 30th inst., and carefully examined the limb by measurement, and at no time did I find shortening, though the patient at my last visit complained of "cramping of the muscles." Mr. S. seemed to think it unnecessary for me to visit him again, and promised me, that should any untoward symptoms arise, he would at once notify me of the fact.

On the 4th of October Mr. S. sent for Dr. H., a respectable practitioner of this place, who had long been the patient's family physician, and in company with Dr. Gregg, my former counsel, visited him and pronounced it a case of fracture of the femur. Dr. G. informed me that the limb was *everted*, and shortened one inch and a half.

Partial fractures or fissures of the long bones have justly been considered by the profession of rare occurrence, and yet the possibility of such injuries is not controverted by our best authorities. In fact there have been cases reported, that were so well established, that not a reasonable doubt could exist as to their true pathology. Prof. Hamilton, in his excellent treatise on fractures and dislocations, ed. 1860, p. 355—says, "I have already, when speaking of partial fractures,

expressed my conviction of the possibility of a fissure of the neck of the femur, and I have referred to the case reported by Dr. F. B. S. Jackson, of Boston, as having determined this question beyond all possibility of a doubt."

Dr. Jackson, in his report denominated "a partial fracture of the neck of the femur, in a man æt. 44 years," after describing the locality of the crack in the bone, says, "there is considerable motion between the neck and the shaft, and the fracture could undoubtedly be completed without the application of any extraordinary force."

To the powerful spasm of the external rotator muscles and others of the pelvis, I attribute the completion of the fracture in the above case. The fall and weight of the wagon produced the dislocation. And the blow, which was the result of the slipping of the levers, caused the fissure.

# Hospital Reports.

Jefferson Medical College,
*October 12th*, 1867.

## Surgical Clinic of Prof. Gross.

Reported by Dr. Napheys.

### Stone in the Bladder.

John L., æt. 67. This man, who lives in the upper portion of the city, has had some affection of the bladder for three years. Prof. Gross has seen him, off and on, for the last three weeks, and, on sounding him, discovered a stone. The symptoms rather point to some disease of the kidneys. Be this as it may, there is very serious disease of the urinary bladder. His sufferings are intense, notwithstanding the employment of anodynes, both by the mouth and rectum. He is obliged to pass water very often; sometimes every ten or fifteen minutes; and, what is remarkable, so soon as he relieves himself, he feels the same desire. He has a worn, emaciated appearance; appetite indifferent, sleep disturbed, and general health very much impaired. Pressure, even in a slight degree, over the hypogastric region, gives pain, He has been in the hospital in connection with this college for the last three or four days.

The sound was introduced into the bladder, the contact of the stone with the instrument felt, and the peculiar metallic click elicited. The finger was introduced into the bowel, when it was found that there was no enlargement of the prostate gland, or that it existed in a very slight degree. The finger should be introduced into the bowel, with the view of ascertaining, first, the condition of the prostate gland, which is readily done, with the finger in the bowel and the instrument in the bladder. If there is enlargement, there will be a considerable distance between the instrument and the finger, and any increase in the length or width can readily be detected by feeling about. In the second place, by bringing the finger in contact with the posterior wall of the bladder, through the rectum, information can be gained usually in regard to the volume of the calculus.

In sounding, it is necessary to have a certain quantity of fluid in the bladder. If the patient is not able to retain his urine, a sufficient quantity, not less than three, four, or five ounces, of tepid water, should be injected, in order that the examination may be thoroughly made, and no injury inflicted upon the parts. There should not be too much water in the bladder, otherwise, the instrument will not find the calculus. Very frequently, it happens that the instrument touches the calculus the moment it enters the bladder. If this should not be the case, it is carried about until the operator is satisfied of the presence or absence of the concretion. Sometimes a stone exists and escapes detection. This may be owing to want of skill, to excessive irritability of the bladder, to the presence of too much or too little water in the organ. However this may be, the examination should not be continued too long, as there is danger of over-excitement on the part of the mucous membrane and muscular fibres, leading to mischief. It has happened, occasionally, that even slight sounding has been followed by inflammation of the bladder, communicated to the pelvis, and ending in the death of the patient. The examination should be repeated at the interval of one, two, or three days, until all doubt as to the presence or non-presence of a concretion is removed. Inflammation of the bladder may give rise to all the symptoms of stone.

Up to the last week or ten days, the urine of this man consisted certainly one-third, of pus and plastic matter. Whether all the pus came from the mucous membrane with which the stone is in contact, or whether a portion was derived from the kidneys, has not yet been determined, no microscopic examination having been made.

The operation of lithotomy will be performed at the next clinic. Under ordinary circumstances, no serious difficulty, in regard to the recovery of the patient, would be expected, but if there be involvement of the kidneys, from the extension of irritation from the bladder to those organs, the operation might readily prove fatal.

### Enlarged Tonsils.

Lizzie G., æt. 11 years. This child has labored under enlargement of the tonsils for three years. She is not very strong; takes cold easily; sleeps with her mouth wide open, head thrown back, and snores loudly every night. The two tonsils project beyond the arches of the palate toward the middle line.

This affection is the result of chronic inflammation, followed by deposits of plastic matter, which have become incorporated with the pre-existing tissues. When a child is in this condition, it will breath with more or less difficulty, from the mechanical obstruction to the entrance of the air. As a consequence of this, when the child goes to sleep, it throws its head far back, so as to bring the mouth on a line with the larynx, to facilitate the introduction of air into

the lungs, and lies with its mouth wide open, snoring most lustily. The body is bathed with perspiration, owing to the great action of the respiratory muscles, which are obliged to do an amount of labor far beyond that which is natural to them. As a result of this violent exertion, they become hypertrophied, and if this hypertrophy be permitted to continue for any considerable length of time, deformity of the chest will ensue. This teaches the importance of getting rid of the disease at as early a period after its occurrence as possible.

The patients affected with hypertrophy of the tonsils are of strumous constitution, the offspring of persons the subjects of consumption in some form or other, or of syphilis. These children, not being capable of resisting the influence of atmospheric vicissitudes, chronic inflammation is readily set up. If the child be seen in the earlier stages of the affection, the condition of the system may be corrected by appropriate remedies. Nourishing food, nourishing and stimulating drinks, alterant tonics, as quinine, chalybeates, the iodides, etc., are eligible preparations in cases of this kind, which should be employed with proper judgment and for a considerable length of time. By touching the parts occasionally with a weak solution of nitrate of silver, five, ten, or fifteen grains to the ounce of water, every four or five days, the absorbent vessels will be stimulated to the removal of the deposits upon which the enlargement depends. But if the disease has made considerable progress, as in this case, then such treatment is altogether useless. The only remedy, so far as the affected organs are concerned, is excision, not of the entire gland, but of all that portion which projects beyond the arches of the palate, or which is drawn out by the volsella. The volsella and probe-pointed bistoury are much better in this operation than the tonsillotome employed by Physick, Gibson, Fahnestock, and others. If the patient coöperates, the operation is a very simple one; if he resists, it becomes very difficult. When the child is violent in its resistance, the best plan is to administer a little chloroform or ether.

Both tonsils were excised in the manner indicated. There was but very little hemorrhage which was checked by a gargle of vinegar and water.

Several cases are upon record in this country, where death has followed this operation from exposure immediately after its performance. Such an event could not by any possibility be more untoward, as there is no necessity for such a termination, when proper precautions are taken. Professor Gross has had himself five or six cases where there has been a good deal of bleeding after the operation. When this is the case the patient's mouth should be opened so as to allow the cold air to pass down into the air-passages, and Monsel's solution applied, ice being placed, if necessary, at the back of the neck and angle of the jaw, and anodynes administered, if there be a hemorrhagic diathesis manifest, to control the action of the heart.

### Cases of Anchylosis of the Hand.

David C., æt. 35. Twenty-eight months ago, the right hand of this man was hurt by an axe, and the wound followed by erysipelas. There is anchylosis of the joints of the fingers and of the wrist. The fingers are nothing but claws now, and the whole hand is atrophied and shrivelled from the want of nerve power, and a due supply of blood. The right arm is smaller than the other. Whenever there is any serious suffering in a joint, the corresponding portion of the limb always becomes atrophied on account of changes in its nutrition. The hand and fingers are cold. There is no pain in the parts now. He has some use of the thumb.

The anchylosis here is so great as to render it impossible to break up the adhesions, or if they were broken up to restore the functions of the joints.

There is disease of the bone in the carpus, two openings in the skin leading down to caries in the bones of the wrist. The ulna is also apparently affected in the same way. The wrist joint is, therefore, seriously involved in disease. Even if the caries were got rid of, the man would not regain the use of his fingers, as the tendons are destroyed or have contracted adhesions which cannot be broken up.

This case illustrates what may occur through comparatively slight injuries. Erysipelas supervened upon the injury, causing great swelling and deposits of plastic matter into all the articulations.

Chas. H., æt. 30. Eight months ago, this man bruised his right hand. Swelling of the parts followed, and all the joints of the fingers are now anchylosed. The wrist is apparently sound. There is an abscess on the back of the hand, and caries of the metacarpal bones. This case is much less serious than the one just described.

The man was placed under chloroform, the abscess was opened, and the metacarpal bones scraped, as they were found in a condition of caries. The edges of the sinus were trimmed off, so as to place the parts in a better condition for the granulating process. The after treatment of the part and system will be conducted upon ordinary antiphlogistic principles.

### Chestnut Leaves in Pertussis.

In the *Cincinnati Lancet and Observer*, Dr. J. S. Unzicker, of Cincinnati, reports the use of a decoction of the leaves of the chestnut, *Castanea Visca*, in hooping cough. He says:

I have given it a fair trial in about thirty cases, and feel satisfied in saying that at last a remedy is found to cope with this disease. In all of these cases it gave decided relief the first two weeks. The cough is cut short, and patients rest easier through nights, and the decline of all symptoms from that time on is very rapid. My method of using it is as follows: take from ʒiij. to ʒiv. of the leaves to the pint of water; let it come to a boil, then pour the whole into a teapot, without straining, and let them drink occasionally—either cold or warm—and as much as they will through the day and at bed-time. Children, I find, like to drink it, even without sugar, which I consider best, and have that way administered it to infants, without the least difficulty.

# Editorial Department.

## Periscope.

### Licensed Prostitution.

The Paris correspondent of the *Chicago Med. Examiner*, Prof. Andrews, gives the following analysis of the comparative results of licensing prostitutes:

The outlines of the system are these: the laws announce to the prostitues, that, although their crimes are worthy of punishment, the practical difficulties of the subject have determined the authorities to tolerate prostitution under certain conditions and regulations. These conditions are usually as follows:

1st. Every woman proposing to act as a prostitute shall, under penalty of imprisonment for refusal, register her name at the police headquarters, in the book provided for the purpose, and shall only exercise her vocation in the apartment or house permitted by her license.

2d. She shall never walk the streets in gay dresses, nor in any manner, by look, or word, or gesture, solicit patronage in public places. In some cities they are prohibited from going to theatres, concerts, balls, or other places of public amusement; but in Paris they have immense dance-houses, where they fully revenge themselves for their restrictions on the street.

3d. She shall, at all times, keep a proper array of syringes and sponges, and after each act of coition, shall thoroughly wash out her vagina without delay.

4th. The houses and apartments shall be subject to police inspection at all hours.

5th. The public women are divided into two classes, the *filles de chambre* and *filles de maison*. The former take a license to live by themselves in private apartments; the latter go into houses of prostitution, kept by women who have absolute authority over them, and frequently treat them with great cruelty.

6th. The *filles de chambre* shall appear at the appointed place once in two weeks, and the *filles de maison* every week, for surgical examination. Here a staff of surgeons takes them in hand, and examines the vagina, the rectum, and the mouth. Those found diseased are sent to a prison-hospital, where they are strictly confined until they are cured. Those not diseased are furnished with a certificate of health, with the date of the examination. Those that fail to present themselves for examination are sought out and punished.

There are numerous other regulations for their government, but the above are the main points in most of the cities where the system exists. The next question is, what are the results? Have the cities thus regulated fewer prostitutes than others? Have they less venereal disease than others?

To answer these questions, I have, with much labor, gathered the material for the following tabular statements. I place in the first table the cities which have in operation the toleration system, with the number of registered prostitutes in each. The second table contains those which have not this system. The third shows the proportion of venereal disease in the hospitals of the non-licensing cities, which is compared with that of Paris.

*Table showing the proportion of Registered Prostitutes to the whole population, in cities which adopt the License System.*

| | | | | |
|---|---|---|---|---|
| Paris | 1 | Prostitute to | 281 | Inhabitants. |
| Brussels | 1 | " | 435 | " |
| Berlin | 1 | " | 754 | " |
| Copenhagen | 1 | " | 564 | " |
| Hamburg | 1 | " | 359 | " |
| La Haye | 1 | " | 750 | " |
| Rotterdam | 1 | " | 267 | " |
| Amsterdam | 1 | " | 286 | " |
| Turin | 1 | " | 193 | " |
| Bordeaux | 1 | " | 270 | " |
| Brest | 1 | " | 159 | " |
| Lyons | 1 | " | 424 | " |
| Marseilles | 1 | " | 286 | " |
| Nantz | 1 | " | 378 | " |
| Strasbourg | 1 | " | 281 | " |
| Algiers | 1 | " | 102 | " |

Average, 1 Prostitute to 362 Inhabitants.

This table I have formed by combining the statistics found in the supplement to Parent-Duchatelet's great work, third edition, issued in 1857. The figures are given on the authority of the Chief of the Sanitary Bureau, and of the Chief of the Bureau of Police, of Paris.

*Table showing the proportions of Prostitutes to the whole population, in cities which do not adopt the License System.*

| | | | | |
|---|---|---|---|---|
| Chicago | 1 | Prostitute to | 230 | Inhabita's. |
| New York and Suburbs | 1 | " | 518 | " |
| London and Suburbs | 1 | " | 544 | " |
| English great seaports, Liverpool, Bristol, and Plymouth | 1 | " | 193 | " |
| English pleasure towns, as Brighton, Bath, etc | 1 | " | 244 | " |
| English towns depending on agricultural dist'ts, as Ipswich | 1 | " | 309 | " |
| Seats of English Cotton and Linen Manuf'res, as Manchester, etc | 1 | " | 557 | " |
| Seats of English Woollen Manufacturse, as Leeds, etc | 1 | " | 654 | " |
| Seats of English Mixed Manufactures, as Norwich | 1 | " | 478 | " |
| Seats of English Iron Manufactures, as Birmingham, Sheffield, etc. | 1 | " | 709 | " |
| Glasgow | 1 | " | 394 | " |
| Madrid | 1 | " | 270 | " |

Average, 1 Prostitute to 425 Inhabitants.

From which it appears that the proportion of prostitutes to the population is about 17 per cent. greater in cities which adopt the license system, than in those which do not.

The great aim of the license system, however, is to diminish the scourge of venereal disease in the community at large. It is important, therefore, to enquire what the per cent. of venereal cases is in the two classes of cities. The difficulties of this investigation are very great, but I have adopted for a standard of comparison, the proportion found in the civil hospitals of the various cities, excluding from the comparison the military hospitals and the prisons. This method will be as fair for the one class as for the other. I have succeeded in obtaining the results in six non-licensing cities, and in one licensing city, viz., Paris. In the other European cities, I have

been unable to get the statistics with sufficient accuracy to entitle them to places in the tables.

*Table showing the proportion of Venereal Patients to all kinds treated in civil hospitals.*

| Cities. | Venereal Cases, | Total Cases of all Kinds. |
|---|---|---|
| Chicago | 580 | 4,147 |
| Philadelphia | 1 127 | 12,292 |
| New York | 1,833 | 23,314 |
| Liverpool | 2,073 | 63,074* |
| Manchester | 3,500 | 75,000* |
| London | 3,357 | 31,264 |
| Totals | 12,470 | 209,091 |

Or one venereal case to about 16¾ of all kinds.

In Paris, which has the licensing system, I find in the same class of hospitals, as follows:—Venereal cases, 5276; cases of all kinds, 84,267, or 1 venereal case to about 16 of all kinds. It appears, therefore, that there is a trifle more venereal disease in Paris than in the average of cities which have no license system, in spite of the weekly examination of the strumpets.

This result, which at first glance seems so surprising, is readily accounted for, if we look a little further into the practical working of the system. The weekly inspection of the strumpets, under the license system, greatly diminishes the *proportion* of disease among the strumpets themselves, but this very fact acts as a first-class advertisement of the safety of their charms. Hence their patronage is increased, as is shown by the increased numbers, and this augmented number of risks goes far to balance the diminished danger of each single copulation. In non-licensing cities, the fear and disgust of diseased strumpets acts on many minds as a strong deterring influence.

Again, it is a great mistake to suppose that the license system ever effects a complete regulation of this evil. The Chief of Police in Paris shows that in every city where the plan is attempted, there is a large class of prostitutes, called *insoumis*, or *femmes libres*, who prefer their liberty to police restrictions, and in spite of law, carry on their trade clandestinely. Having no medical inspection, they are as much diseased as the prostitutes of any other country. There are no more thorough police corps in the world than those of Paris and Berlin, yet in these cities a large portion of the habitual prostitutes are neither registered nor regulated. At the prison hospital of St. Lazare, where all diseased prostitutes are sent for cure, the surgeon informed me that more than half the patients are *femmes libres*—unregistered, illegal prostitutes—captured by the police in the exercise of their profession. In Berlin, in 1857, the number of these clandestine prostitutes was reckoned as far exceeding that of the registered ones. (Parent Duchatelet's work, vol. ii., p. 675.) If, therefore, it is true that no police has ever been able to suppress prostitution, it is equally true that the best police in the world can neither regulate it, nor even register it with anything like completeness. The reasons of this failure are as follows:

1st. The invincible determination of many of these women to preserve their liberty, and to avoid the restrictions of police regulations. This is human nature the world over, and there is no police which can compress it out of existence.

2d. The police often know to a moral certainty that a woman is living by prostitution, but if she is quiet and orderly, and if there is not clear legal proof of her actions, a seizure of her person, and a consigning of her by force to the infamy of a house of prostitution, excites a degree of popular resentment which neither the police of Paris nor of any other city are willing to brave.

3d. The same remarks are applicable to clandestine prostitutes of orderly behavior, who make a fair pretence of living by some legitimate business.

4th. There is a class of prostitutes who are pursuing their trade under the roofs of their parents, often with their approval. If they are not disorderly, they have a sort of quasi respectability, and have still a chance to marry and reform, which they occasionally do. Practically, the magistrates, though knowing their character and probable ultimate destiny, shrink from tearing them from the parental protection, and from sundering the last tie which connects them to the possibility of a virtuous life.

5th. So far as I can ascertain, no effort is made to register the mistresses of men who keep loose women for their own exclusive use.

6th. No police pretends to supervise that indefinite mass of licentiousness which prevails *con amore* among the people, and is a matter of passion, and not of pecuniary consideration.

From these various facts, it results that the European officers of justice are unable to reach more than a small portion of the sources of venereal contagion. They prevent a part of the disease of the registered prostitutes, but the great tide of clandestine licentiousness flows past them unchecked, and saturated with syphilitic infection. I think the statistics plainly show three things:

1. The license system never succeeds in putting anything like the whole number, even of professional prostitutes, under regulation, much less the semi-professional ones.

2. It does not diminish the sum total of venereal disease in a community, but only the relative risk per copulation.

3. It increases the amount of public prostitution, by giving an impression of the safety of the inspected brothels, and thus affording them the very best possible advertisement. Meanwhile, it never fully frees them from infection, and the increased number keeps up the sum total of disease.

There are, however, some minor advantages gained. Thus, the prostitutes are kept, in a great measure, from open solicitations on the streets, so that cities under this plan present a greater external appearance of decency than others, even though they may be corrupt in fact. Also, by having the brothels under constant observation, the police prevent many disorders, and when thieves or other malefactors are to be sought for, these houses are excellent man-traps, in which to catch them. This consideration, I find, always weighs strongly among police offi-

* The figures of Manchester and Liverpool, both of venereal and of other diseases, appear very large, because they include the out-patients as well as the in-patients. In the other cities there are no statistics of the out-patients.

cers, in favor of the system, as might be expected from the nature of their duties.

On the whole, it does not appear that the license system is worth transporting to America in its present form. It increases the licentiousness without diminishing the sum total of venereal disease, and this fact is enough to condemn it. I think, however, that some improvement must be made in our present American plan, or rather our *no plan at all*, of managing this evil, but I think we shall be obliged to devise it ourselves, for there is no system in Europe worth copying.

There are some curious developments of human nature in Parisian licentiousness. The strumpets often have a high opinion of themselves, and are even very pious. Here are specimens of their petitions to the Prefect of Police. One commences thus:

"*Monsieur le Prefet:*

"Being incapable of labor, in consequence of a double hernia and other grave maladies, it is not for the gratification of my passions, nor from bad habits, that I have for ten years been enrolled in your office (as a prostitute). The testimony from all my neighborhood, Monsieur le Prefet, will prove to you that I have, to some extent, effaced by my *morality, my decency*, and the *regularity of my conduct*, the degradation of my condition."

An old woman, aged 82, applies in the following terms, for permission for her daughter and grand-daughter to open a new house of prostitution:

"*Monsieur le Prefet:*

"At the age of 82 years, and the mother of a numerous family, I implore, Monsieur le Prefet, your aid and protection. You who are the father of the poor, the support of the widow and of the orphan, the stay of the afflicted, and the refuge of the unfortunate, will certainly not refuse my request. At an age so advanced, feeling myself near the time when I must render up my soul to God, and appear before my Creator, it is my duty to provide for the wants of my children, and to transmit to them my means of subsistence." Then follows her request for permission to establish a brothel, under the charge of her daughter.

Another woman petitions for leave to open a new house, promising the Prefect that she will keep in it only "the most distinguished women," who will attract men of such irreproachable character, that "tranquillity, order, faithfulness, and healthfulness will be the inevitable result." Moreover, she declares that the splendor of the house and its furniture will be such, that Paris will glory in it.

Another commences her petition as follows:

"*Monsieur le Prefet:*

"I have been a registered woman for ten years, and have lived in my own apartments (*fille de chambre*). Feeling bound in honor to preserve intact the reputation of *honesty and delicacy* which I have acquired in my neighborhood, I am forced, in order to fulfil *sacred engagements and to pay some debts of honor*," etc., etc.

It is evident that the Parisian prostitutes preserve their full share of the power of gasconade. The depth of degradation to which these poor women are driven by their paramours is almost inconceivable. The chief-surgeon of the prison hospital of St. Lazare informed me that one woman sometimes sustains forty connections in twenty-four hours, working day and night, to use his own comparison, *comme une machine a coudre a vapeur* (like a steam sewing machine). He states, also, that the men of the Parisian hells have introduced and brought into full vogue, the Oriental practice of copulating with these women *per anum*, instead of *per vaginum*. As an illustration, he showed me a considerable number of women with a peculiar hypertrophy of the anterior border of the anus, produced by this practice. Several of them had the circumference of the rectum studded with chanchrodial ulcers, as the result. What is still more incredible, is that these depraved beasts, driven to their wit's end for new measures to excite their jaded passions, frequently copulate *per os faciis*, so that primary sores are now frequent on the lips and in the interior of the mouth. He showed me several patients thus affected, remarking with French vivacity, respecting one of them who had a large chancre on her lip, "elle a joué la clarinette avec un penis d'un homme pour instrument," (she has been playing the clarionet, with a man's penis for an instrument). As a consequence, the examining surgeons are obliged to inspect the mouth, the vagina, and the anus, before they can give a certificate of soundness.

If, in relating the above facts, I have offended any one's delicacy, I am sorry for it. I deem it important at the present time, when many are proposing to adopt in America the French system, to state the whole truth, that we may know what style of vice flourishes under that system, and judge for ourselves whether it is smaller in its magnitude, or any less revolting in form than that which we already have in our cities.

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### Puerperal Convulsions Treated by Bromide of Potassium.

Dr. J. B. Wood, of Croton Falls, N.Y., in the *Amer. Jour. of Med. Science*, gives the following case:

Mrs. Q. aged 40, multipara, was taken July 14 with severe cephalalgia, which continued unremittingly up to the morning of the 17th, when she was delivered by one pain of a living child. Shortly after, she was taken with convulsions, and Dr. C. Lee being called in, prescribed morphia, and cold to the head. At 8, P. M., when I saw her in consultation, she had had five convulsions; pulse 45. I suggested the use of bromide of potassium in fifteen-grain doses, to be given every two hours. 10, P. M. Had one convulsion about half an hour after the administration of the first dose; slept some afterwards.

*July* 18. 8, A. M. The attendants had been unable to administer the medicine. Patient had had three convulsions during the night, but since 3, A. M. had slept very quietly. We then aroused her, and succeeded in administering the bromide, to each dose of which one grain of bromide of ammonia was added, and this was given during the day at the same intervals. In the

evening she awoke as from a sound sleep, and inquired what had been the matter with her, not even remembering the birth of her child. Pulse about 65.

The same treatment was kept up during the night and next day, with the exception that the medicine was given at longer intervals. The patient had no more convulsions after 3, A. M. of the 18th, and only a little fever followed, which was controlled by ordinary remedies.

I would not hesitate to give the bromide of potassium in still larger doses, and I believe that as soon as the system can be brought thoroughly under its influence not another convulsion will take place.

# Reviews and Book Notices.

## NOTES ON BOOKS.

A correspondent, who is also something of an author, not long since sent us one of his productions, with the following delightfully naïve request: "If you can make *a favorable* notice of it, I would like to see it in your journal." The italics are his own. We beg to say in reply, for his benefit, and that of all whom it may concern, that we aim to notice *every* literary production sent us, but whether favorably or not, depends, and invariably will depend, on the manner in which it seems to us the work is executed. Our aim is to give our readers as correct a notion as we can of the various contributions to medical literature, and neither to "misrepresent intentionally," as one aggrieved author intimates, nor to "notice favorably," per request, as our present correspondent asks.

Few medical novelties are announced across the water. Mr. Smith has published a monograph on the Pathology, Classification, and Therapeutics of Ringworm. (London.)

In France another work has appeared on *La Suette Miliaire*, by Dr. Gresser, asserting its invariable curability. No doubt can exist but that this and the terrible sweating plague, the *Sudor Anglicus*, of the middle ages, are different diseases. Dr. G.'s remedy is persulphate of iron. Dr. E. Magitot has written "Ethnological and Statistical Researches on the Teeth;" and Dr. Ladeveze "Some Considerations on Glycoemic Gangrene."

Mr. Lea, of Philadelphia, announces Wales on Elementary Operations in Surgery, and Cullevier's Atlas on Venereal Diseases, translated and edited by Dr. Bumstead.

Hospital Reports, after the character of those of Guy's and St. Bartholomew's in London, will be issued some time this winter, by the medical staff of Bellevue and Charity Hospitals, N. Y. We have already mentioned that the staff of the Pennsylvania Hospital had commenced reports of this kind. Their usefulness will be manifest.

Skey on Hysteria, and Klob on the Pathological Anatomy of the Female Sexual Organs, will shortly appear in New York.

The Biography of William Darrch, M. D., by Dr. A. Nebinger, which was read before the Philadelphia County Medical Society last January, and published in the Transactions of the State Medical Society, comes to us also as a separate pamphlet. It is a worthy tribute of respect to the memory of that much honored member of our profession.

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**Transactions of the Medical Society of Pennsylvania, at the Eighteenth Annual Session, held at Pittsburgh, June, 1867. Published by the Society. Philadelphia: 1867. 1 vol., paper, pp. 157—500.**

Out of the fifty odd counties in the State, fifteen send reports, and several others lists of officers and members. A number of valuable observations and isolated facts are scattered through the reports, which might with advantage have been summed up at the end of the volume. We will refer to a few of them. Dr. A. M. Pollock, of Allegheny, relates six cases of internal hæmorrhoids successfully operated upon with the écraseur, (p. 205). Dr. Langfitt, of Beaver, mentions the use of oil of sassafras for oil of turpentine in typhoid fever, (p. 212); podophyllin in the commencement of this disease, is strongly recommended by Dr. Spotts, of Berks, (p. 217). Charcoal in epistaxis, finds an earnest champion in Dr. Weidman, of Berks, (p. 220). A very remarkable case of cure by the *vis medicatrix naturæ*, in extra-uterine gestation, is narrated by Dr. J. K. Levan, of Berks, (p. 219). The saturated tincture of veratrum viride in large doses, is advocated by Dr. Newberry, of Montgomery, (p. 257), and several physicians in that county unite in condemning the use of the bandage after labor, as injurious, (p. 259). The latter part of the volume is taken up with the Prize Essay of Dr. J. B. Ullersperger, of Munich, on "Ancient Transfusion and Infusion, compared with Modern Transfusion, Infusion, and Hypodermic or Subcutaneous Injections." It is printed in both French and English. The translation is by Dr. C. F. Wittig, and is exact and fluent. The Essay is an admirable one, and is particularly complete in the historical discussion of the question, though it does not overlook the practical points.

**Headaches: Their Causes and their Cure.** By Henry G. Wright, M. D., M. R. C. S. L., etc. From the Fourth London Edition. Philadelphia: Lindsay & Blakiston. 1867. 12mo., cloth, pp. 154. *Price*, $1.25.

Few affections are more numanageable and more troublesome, than those of which this essay treats; and we doubt not that any suggestions by which we can relieve them, will be gladly received by physicians. The author's plan is simple and practical. He treats of headaches in childhood and youth, in adult life and old age, giving in each their varieties and symptoms, and their causes and treatment. It is a most satisfactory monograph, as the mere fact that this is a reprint of the *fourth* edition, testifies.

The great pains which the author takes to clear up the differential diagnosis of the different varieties, and establish a satisfactory basis for rational treatment are everywhere visible. While such a valuable fund of information is offered to the practitioner at the cost of a single visit, he should not let his patient suffer for want of it.

The typographical execution of the work is extremely neat.

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**Studies in Pathology and Therapeutics.** By S. H. Dickson, M. D., LL. D., Prof. of Practice of Physic in Jefferson Med. Coll., Phila., etc. New York: Wm. Wood & Co. 1867. 1 vol., 12mo., cloth, pp. 201. *Price*, $1.25. For sale by J. B. Lippincott & Co., Philadelphia.

This little volume contains five essays: Disease, its Character and Tendency; the Causation of Diseases; On Certain Morbid Conditions of the Sensorial System; Pneumonia; Scrofulosis and Tuberculosis; Therapeutics. The first, second, third, and sixth of these were published in the *Richmond Medical Journal;* the fifth in the *N. Y. Medical Record*, while that on pneumonia is new.

Dr. Dickson is of opinion that "disease is essentially evil, and always tends to evil;" a sort of medical Manicheism, which has not found much favor of late years. Though a theoretical point only, its decision cannot but influence practice to a great degree. He is also a believer in the change of type theory, though even Sir Wm. Watson, who maintained it so stoutly for a while, has now left it in the lurch.

The style of the essays is agreeable and flowing, which it may be said in passing, is characteristic of all Dr. Dickson's writings. There are constant evidences of extensive reading, mature reflection, and large experience scattered throughout its pages; and we are sure that the profession at large will be glad to welcome it as a valuable contribution to current medical literature.

**Catalogue of the Surgical Section of the United States Army Medical Museum.** Prepared under the direction of the Surgeon-General U. S. Army. By Alfred A. Woodhull, Ass't Surg. and Brev't Major, U. S. A. Washington: 1867. Imp. 4to., pp. 664.

**Catalogue of the Medical Section of the United States Army Medical Museum.** Prepared under the direction of the Surg. Gen. U. S. A., by Brev't. Lt. Col. J. J. Woodward, Ass't Surg., U. S. A. Washington: 1867. Imp. 4to., pp. 161.

This magnificent work, an honor, not less to the general government, than to the medical bureau of the army, ample as it is, is but an enumeration of the specimens in the museum of medicine and surgery formed at Washington during the late war. It proves how enlightened and how thoroughly fitted for the responsible duties they had to perform, were the four thousand odd medical men who left their practices for the service. Among the names of contributors we find many who are familiar to reading physicians throughout the country. No correct estimate can yet be formed of the immense value of this collection. When the illustration it offers are studied, and the principles they prove are set forth in their practical bearings, we may look for many an unexpected and priceless addition to military surgery and general medicine.

The number of specimens in the surgical section described is 4719, and about half as many in the medical. The illustrations are in the highest style of art, and the general appearance of the volume is worthy of the government of such a country.

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**A Report on Amputations at the Hip-Joint in Military Surgery.** Circular No. 7, War Department, Surgeon-General's Office. By George A. Otis, Ass't. Surg. and Brev't Lt. Col. U. S. A. 4to., pp. 87. Government Printing Office.

In this admirable report is summed up the teachings of the late war on the question of hip-joint amputations. It is a model of close reasoning from a profound study of the whole subject, both in its earlier history and later development. It is every way worthy of the source whence it emanates, and reflects great credit on Dr. Otis, who has in charge the Surgical History of the late rebellion. The practical maxims he deduces are of great importance. They may be briefly stated to be, 1st, that the primary operation is not uniformly fatal, but under certain clearly defined conditions should be undertaken. 2d. The prevailing opinion that it should be preferably performed as an intermediate operation is refuted. 3d. Instances

of successful secondary amputation for femoral necrosis and chronic osteo-myelitis are given. And, finally, it is shown, that when after amputations in the continuity of the thigh, the stump has become diseased, reamputations at the hip may be done, with comparative safety.

Numerous illustrations and several handsome chromo-lithographs add much to the beauty of the work.

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**Epidemic Meningitis, or Cerebro-Spinal Meningitis.** By Alfred Stillé, M. D., Professor of the Theory and Practice of Medicine in the University of Pa., etc. Philadelphia: Lindsay & Blackiston. 1867. 1 vol., 8 vo., cloth, pp. 178. *Price*, $2.00.

The name of the author is sufficient guarantee that this monograph is elegant in style, exhaustive of its subject, and rich with practical suggestions, from a wide experience by the bed-side. It is dedicated to the clinical class of the Philadelphia Hospital, in which institution about a hundred cases of this terrible disease occurred. They form the text of the treatise, but a very wide range of authorities is gone over in recapitulating what has hitherto been learned on the topic. The symptomatology is very complete, and takes up about a third of the book. The anatomical characters, causes, diagnosis and treatment, occupy the remainder; and at the close, by way of appendix, is a list of the original monographs, reports, etc., referred to in the body of the essay. The type, paper, and general execution of the volume, leave nothing to be desired on that score.

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**Inhalation: Its Therapeutics and Practice. A** Treatise on the Inhalation of Gases, Vapors, Nebulized Fluids and Powders, including a Description of the Apparatus employed, and a Record of Numerous Experiments, Physiological and Pathological; with Cases. By J. Solis Cohen, M. D. Illustrated. Philadelphia: Lindsay & Blakiston. 1867. 12mo., cloth, pp. xii. 205. *Price*, $2.50.

In 1867, Dr. Cohen was appointed chairman of a Committee of the American Medical Association to draw up a report on the Therapeutics of Inhalation. Material accumulated so rapidly while fulfilling this task, that he concluded to throw it into book form. The present volume is the result. What it is, is so completely told in the title, that its plan requires no synopsis at our hands.

It goes over the ground very thoroughly, describing and portraying the various instruments used for the purpose, giving numerous formulæ recommended by various writers, and discussing at length the diseases in which nebulized inhalations are applicable, and have been applied by various physicians. The French and German sources have been carefully examined, and many facts and experiences have been gleaned not elsewhere accessible in our tongue. The amount of original matter is also large, drawn both from the author's own practice and from unpublished cases. It is unquestionably the best book which has yet appeared on the topic.

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**Synopsis of the Course of Lectures on Materia** Medica and Pharmacy, delivered in the University of Pennsylvania; with Five Lectures on the Modus Operandi of Medicines. By Joseph Carson, M. D. Fourth Edition, Revised. Philadelphia: H. C. Lea. 1867. 1 vol., 8vo., cloth, pp. 272. *Price*, $3.00.

That this book has reached its fourth edition, is sufficient evidence that a number of generations of students have found it of value in following the lectures of Prof. Carson. It lays no claim to the character of an independent treatise, and is designed exclusively for use in the lecture room. An exception to this general verdict is to be made concerning the five lectures on the action of medicines, printed at the close of the volume. They contain a most excellent resumè of our existing knowledge of the operation of remedial agents through the medium of the nervous system and by absorption, including both the physical and physiological laws which are thus illustrated. The experiments with the narcotic and stimulant alkaloids, which have of late years so much engaged the attention of students, are here briefly given by their results. A careful study of these lectures will do much to suggest the proper time when one can use with effect the various classes of pharmaceutical products directed to the nervous system, and they merit a careful perusal by the practitioner as well as the student.

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### Death of Chartroule.

Death has been unusually busy of late among the scientific men of Paris. Three celebrated physicians—Velpeau, Royer and Chartroule—have died within the past month. The last death, which took place a few days since, was that of Doctor Chartroule, of the Academy of Medicine.

Doctor Chartroule had devoted his talents to to the speciality of diseases of the lungs, and was the author of a system of treatment which has been a fertile subject of discussion between the learned medical societies of Continental Europe. Doctor Chartroule was still comparatively young, being only fifty-six years of age, when an attack of paralysis terminated fatally.

Medical and Surgical Reporter.

PHILADELPHIA, OCTOBER 26, 1867.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

## NOTICE TO SUBSCRIBERS.

From the 1st of January, 1868, we shall strictly enforce again, our old rule requiring payment in advance. For reasons given some years since, pre-payment has not been insisted upon—but the circumstances of the country are now such that we feel warranted in again requiring it.

☞ Those who have not yet paid for the current year, will please remit immediately. There are several thousand dollars due on current subscriptions, which must be paid soon to insure a continuance of the Reporter to the delinquents. The amounts are insignificant to subscribers, but the aggregate is large enough to be embarrassing to us.

## TO OUR CITY SUBSCRIBERS.

☞ *Those of our City Subscribers who hold the receipt of* R. H. Lindsay *for money, will confer a favor by notifying us at once.* Mr. Joseph H. Swain *is the only person authorized to collect subscriptions in this city.*

## "MEDICAL PREJUDICE."

Under the above title, the *Daily Times* of New York publishes some editorial strictures on the action of the New York Academy of Medicine for suspending from fellowship a member who had transgressed the ethical rules of the profession by consulting with a homœopathic practitioner.

The newspaper press generally is given to making flippant remarks and uncharitable criticisms on the action of medical bodies and medical men. If there is the slightest apparent excuse for derogatory remarks on the actions of regular physicians, it is too often taken advantage of.

In the present instance, the action of an old and respectable association, composed of the principal medical men of New York, many of whom enjoy a world-wide reputation, and all of whom are men of character and standing in that community, is characterized as "medical prejudice," because they see fit to deal with a member who transgressed a very reasonable and proper rule, when that member knew perfectly well what the penalty of transgression was.

The medical profession has as much right, and is much more in duty bound—inasmuch as its objects and aims are of so exalted and sacred a character—to adopt rules of conduct in its associated capacity, and insist on their observance under such penalties as they may see fit to prescribe. Of what use are laws and rules, without penalties? If a member of an association of medical men chooses to transgress one of its rules, and especially so important a one as in this case, he has no right to complain if the penalty is enforced, inasmuch as he has deliberately invited it.

Our denominational and clerical associations have their rules of doctrine and of order, our courts and legal bodies have their regulations, so also our boards of brokers and other mercantile associations, and the editorial fraternity itself—each has its rules and regulations, the infraction of which, their members well know, compromises their standing. Is the enforcement of the penalty by these bodies an evidence of prejudice on their part, or is it not rather just and proper to thus maintain their honor, purity, and dignity?

The medical profession is competent to decide as to the propriety and necessity of its own rules and regulations. The claims of homœopathy as a science, and the status of its practitioners, have for many years been the subject of consideration at various times, both here and in Europe, and the unanimous decision of the profession is to ignore the one, and, as a necessary consequence, leave the other without standing and recognition as medical practitioners.

It is not true, as the *Times* asserts, that homœopathic practitioners are "nearly as numerous and quite as respectable as the regulars." Nor is it true, that the claims of homœopathy to recognition as a science, are an "open question" with the profession. Again and again, it has been decided by the most competent authority, that it has no claim, and yet this Daniel of the *Times* has the audacity to wind up its diatribe against the New York Academy of Medicine with the remark, "It is, indeed, pitiful to see gentlemen of refinement and education allowing their prejudices to carry them to such lengths"!

Does it never occur to our newspaper scribblers, that the medical profession are by education and observation, capable of managing the affairs of their own organizations, and that, possibly, there may be "prejudices" on their side? But it would be amusing, if it were not "pitiful," to recount some of the tergiversations of writers for the press on subjects connected with medical ethics and practice. They all feel competent on occasion to judge of the weightiest and gravest matters connected with medical science, and as their decisions cannot be founded on knowledge, there is ground for charging that they are founded on the staple that they so flippantly charge against the "gentlemen of refinement and education" of which the medical profession is composed.

### PHYSICIANS' RIGHTS AND APOTHECARIES' DUTIES.

In every country where laws are enacted to control the dispensing of medicine, the strictest injunction is laid on the druggist that he shall sell no poisonous articles, or compound without the authorization of a physician, and care is taken that this law is not a dead letter. It should be everywhere enforced. No druggist should be allowed to vend poisons, nor give a copy of a prescription containing such, nor repeat one, without express directions from the prescribing physician. Hardly a week passes but that somewhere in our country we notice a death due to the neglect of this salutary precaution.

Still less should druggists be permitted to prescribe them. Such cases as the following are manslaughters of the least justifiable character, though it is but one of the many deaths from the carelessness of a druggist.

An inquest was held at the Kings County Court-House, Brooklyn, New York, on the 15th inst., by coroner SMITH, over the body of Matilda Webster, who died the Saturday previous, after taking two grains of morphia, given by Mr. James M. Kennedy, a druggist. After the examination of several witnesses the majority of the jury found "That Matilda Webster came to her death by an overdose of morphine, ignorantly or carelessly prescribed, and sold for her to her daughter, Jane Armstrong, by Robert M. Kennedy, druggist." The minority of the jury presented the following verdict: "A minority of this jury further call the attention of the authorities to the danger to the poorer classes for the want of a law, making it a severe penal offense for any druggist to prescribe medicine himself, or allow them to be dispensed from his store, except on a physician's prescription; and until such a law be enacted, we suggest the propriety of the physicians belonging to the several schools of medicine, using unusual vigilance when called to a patient, in ascertaining if medicines have been prescribed by a druggist previous to their arrival." The prisoner was committed to the Kings County jail to await the action of the Grand Jury.

In the older European governments, where individual life is better looked after than with us, such cases are almost unheard of. The minority report of the jury in this case should occupy the attention of every thinking man, and the suggestion to physicians it embodies is a timely and useful one.

It is not the duty of the apothecary to prescribe for his customers,—it is a dangerous practice, and as it imperils the lives of the public, it should be an indictable offense. The prescriptions brought him to put up do not belong to him; he has no right to repeat them without an order from the prescribing physician to that effect; and the medical profession would act wisely by enforcing attention to their own rights, and apothecaries' duties in these respects.



## Notes and Comments.

### A Tempest in a Tea-pot.

A convention recently assembled in this city, composed of representatives of the "Eclectic" school of practitioners, the satellites that revolve around a certain "reform" school in this city—most of them being "professors"—and some irregular spirits, who, refusing to be bound by the ethical rules of the regular profession, have been cast out. The object was to form an association, which was done under the name of the "National Medical Association," a name, it will be observed, very nearly similar to that of our own American Medical Association. In such a conglomerate assemblage it is not to be wondered at, that the ethical question, on a proposition to appoint a committee on medical ethics gave rise to a great deal of warm debate. It was at first voted down, but finally prevailed, and a committee appointed to report at the next meeting—if that ever takes place.

### The Medical Schools.

The University and the Jefferson schools commenced their sessions last week, with very large classes. The Introductory in the University was delivered by Professor LEIDY, and in the Jefferson College by Professor GROSS. The preliminary lectures have been fully attended, and the lecture season promises to be one of interest and profit to all concerned.

The schools of New York, also, have the prospect of a large attendance of students. Since the opening of the Bellevue Hospital Medical College there has been a marked increase in the number of medical students resorting to New York for an education, so that they now nearly equal those of this city.

### The Climate of Nebraska.

An intelligent subscriber and correspondent writing from Omaha, Nebraska, says:—"This climate is almost a specific for catarrhal and asthmatic diseases, notwithstanding the high winds that are prevalent. It is a noticeable fact that scarlet fever and measles are almost unknown among the citizens of this city."

Concerning the treatment of cholera, which has been prevailing in Omaha the past summer,

he says:—"One physician always gives chloroform in drachm or half-drachm doses, to check the vomiting, and finds it very effectual. Another uses a combination of camphor, opium and oxalate of cerium in the proportion of, camphor 2 grs., opium 1 gr., oxalate of cerium ½ gr., with great efficacy." He says that the oxalate of cerium is being used by himself and a number of the physicians of Omaha in all cases of vomiting—whether from pregnancy or other causes, with a very satisfactory degree of success.

Errata.—In Dr. Banning's article on Hernia, p. 207, first column, 23d line from bottom, for hypogastria, read hopogastric. Same page, second column, 8th line from bottom, for "in hernia," read "in ventral hernia."

# Correspondence.

## DOMESTIC.

### Missed Labor.

To the Editors of the Med. and Surg. Reporter:

I send you a report of a case bearing upon a question already before your readers, viz., that of "Missed Labor."

A. J., a young primiparous woman, of nervous sanguine temperament, was admitted to the Woman's Hospital of this city, March 8th, 1864, on account of a troublesome prolapsus uteri, from which she had then suffered some weeks. She was about seven and a half months pregnant.

The cervix uteri protruded from the vulva fully two inches. It was penetrable by the finger through its whole length. This condition persisted, notwithstanding the use of pessaries, recumbency, etc., until the morning of the 26th of April, when the patient was found to be in labor, and the contractions regular, although feeble and infrequent. The cervix retreated gradually, and became effaced. At evening, an orifice alone remained, but with thick and firm borders.

The contractions becoming vigorous, a degree of dilatation—not exceeding an inch and a half in diameter, took place within a few hours. No further dilatation could be secured, although antimony and chloroform were freely given, and belladonna, in ointment and extract, applied locally.

With each contraction, the whole inferior segment of the uterus, containing the head of the child, descended forcibly upon the perineum, and seemed to threaten its integrity. The membranes had ruptured, and the strength and courage of the mother were becoming rapidly exhausted.

At this juncture, chloroform was administered to complete anæsthesia, and the patient was kept nearly insensible until advice could be obtained.

At 7, A. M., April 27th, it was decided to enlarge the orifice by incisions through its border—an operation it had been my good fortune to witness, in a few analogous cases, in La Maternité Hospital of Paris. With a pair of strong scissors three incisions were made, each about one inch in depth.

The forceps were applied, and the labor speedily terminated. The child was born alive and in good condition, notwithstanding the prolonged labor and the profound anæsthesia of the mother.

The convalescence of the mother was entirely favorable, and on the fourth day of the lying-in, the incised cervix began to protrude from the vulva. It remained visible about ten days, cicatrization meanwhile advancing rapidly. At the end of the month all prolapsus had disappeared, and, I may add, none has since returned, as none had been known to precede the pregnancy.

Emeline H. Cleveland, M. D.

*Philadelphia, Oct. 17th*, 1867.

### Foreign Bodies in the Nasal Cavities.

Editors Medical and Surgical Reporter:

Many substances, such as beans, peas, beads, bits of rock, wood, paper, ribbons, rags, etc., are introduced into the nostrils by children, for amusement or otherwise, and when left in are sure eventually to cause inflammation and ulceration of the nasal cavities, with more or less pain, and a fetid sanious discharge, which is a source of great annoyance to both child and friends. If they are unsuspected, they are left in until these results are produced, when the attention of the parents or friends is attracted, and an examination is made, which is sometimes carelessly or imperfectly done; the pain and discharge being attributed to chronic inflammation or strumous diathesis, and the child left to outgrow his malady.

A short time ago I called at a house for some peaches to eat, when a strumous looking boy of eleven whispered to his mother that he would like me to examine his nose, as it hurt him unusually bad.

I learned from her, that since he was but a child, two or three years of age, there had been a constant discharge of an offensive matter from the right nostril, and that when very young he had otorrhœa, both of which had been regarded and treated as strumous by his physician. I seated the boy in the back part of a darkened room, and requested the mother to throw the reflected

light from a common mirror placed under the south window into the nostril. I could now plainly see a dark object firmly impacted between the turbinated bone and nasal septum, which I removed with a small pair of forceps, causing some laceration, pain, and hemorrhage, which soon ceased of itself.

I again examined the nostril, and found a dark ulcer, corresponding in size and location to the object. The septum was so swollen and curved, as to almost occlude the other nostril.

Upon examining the body it appears to be a piece of petrified wood, of an irregular shape, half an inch long, by one-fourth in width and thickness. There are various little concretions that are very rough upon its sides, resembling limestone accretions, that have formed doubtless during its stay of eight or nine years in the nasal cavity.

In conclusion, let me remark that reflected is much better than direct light, for examining the nostril. F. A. Simmons, M.D.

*Rochester, Mo., Sept.* 4, 1867.

### Clay as a Disinfectant.

Editors of Medical and Surgical Reporter:

I notice in your journal of the 14th inst., a brief article on the deodorant properties of clay, which induces me to report the following case, which came under my care while on duty at Vicksburg, Miss., in 1864.

James Kelly was admitted to general hospital March 31st, suffering from pyemia succeeding amputation of the third finger. The forearm and hand was enormously swollen, discharging from several places large quantites of fetid pus, and patient very much emaciated. Several surgeons, who visited the case, decided in favor of amputation above the elbow. I could not see how that was to save the patient's llfe, and concluded to give conservative surgery a fair trial. Tonics and stimulants were freely given, with good nutritious diet, and emollient poultices applied to arm and hand, but with no apparent relief. As I could not apply bandages to keep up compression, I resorted to large clay poultices as a substitute. The result was so marked that I could attribute it to but one cause, and I continued the clay; dispensing with the liq. sod. chlor. and a solution of potass. brom., which I had used as disinfectants, the fetid odor having vanished, and I had the pleasure, in two months, of seeing the patient restored to health and duty, with a hand that afterward did the government good service until the end of the war. I had often used clay as an application to abraded surfaces, and to boils in boyhood, but had never since used it as a remedy until all else failed in this case, when I resorted to it with such gratifying results. C. B. Miller, M. D.

*Lawrenceburg, Ind., Sept.* 23, 1867.

### Umbilical Hemorrhage.

Editors Medical and Surgical Reporter:

The following remarks were suggested by a case that recently occurred in this neighborhood, of hemorrhage from the navel of an infant eight days old. The child previous to that time was to all appearance healthy, it bled for ten hours. Efforts were made by the use of astringents, but failed, and the child of course died.

Umbilical hemorrhage is liable to occur in the new-born infant from the third to the eighteenth day, and is sometimes very troublesome. A variety of methods of treatment have been recommended by various authors, as *astringents*, *compresses*, *the actual cautery*, laying open the navel and filling it with *plaster of Paris*, cutting down and tying the vessels, etc. But an efficient means of arresting the hemorrhage was first proposed and successfully practiced by the late Dr. J. M. Wallace, of Philadelphia, by passing two needles through the navel, at right angles to each other, and applying a ligature, as in the operation for aneurism by anastomosis.

I succeeded in two instances, by an operation of a similar character but slightly different, by using two needles through the substance of the navel, but parallel to each other, introduced after the manner of Prof. Simpson's acupressure needles, a ligature applied around below the ends, and also crossing by figure of eight, as in the operation for hare-lip. Wm. C. Todd, M.D.

*Manayunk, Phila., Oct.* 1867.

### Pleuro-pneumonia in Cows Cured by Abortion.

A writer in the *Turf, Field, and Farm*, narrates the cure of several pregnant cows attacked with pleuro-pneumonia by artificial abortion. He says:

"It is not to *prevent* but to *procure* abortion that is now recommended as a curative agent, whereby one of the most fatal affections of the bovine family is at once remedied. The production of abortion as a means of cure in cows heavy with calf, is as potent for good as in the originality of its conception, for no sooner has the cow parted with her calf than the vital powers receive a stimulus and vigor equal to the effects of no other agent.

"The only instrument used, excepting the hand, is either the *caché bistouri*, (secret knife), or trocar with canula, using either of them till the *waters* flow, previously, however, dilating the *os uteri* with the fingers."

# News and Miscellany.

### Weimar Cholera Conference.

The following from a communication from Dr. Elisha Harris, to the President of the New York Board of Health, has been long awaiting a place in our columns:

Having been favored with an abstract of the discussions and concluding recommendations of the Cholera Conference that recently met at the city of Weimar, and having learned from Prof. Pettenkofer that the full stenographic report of the Conference will be published at Leipzic during the summer, I now lay before the Board of Health a synopsis of the discussions and their conclusions as given in this abstract.

You will recollect the polite invitation that was extended to New York to be represented at that important meeting. It turned out to be precisely such a Conference as the interests of public hygiene required, for the most practical and comprehensive questions were discussed by the leading sanitary scholars of Europe, nearly 60 delegates being present. The following conclusions were adopted, and I beg leave to present them here before giving the synopsis of the debates of the Conference.

CONCLUSIONS AND RECOMMENDATIONS.

I. The Conference expresses as its deliberate conviction that the efforts to arrest and prevent cholera by disinfectants should be continued in the most energetic manner.

II. Disinfection will be entirely successful only where excremental matters are carefully gathered and kept from being cast about; when attention is given to the cleanliness and the means of health; and when the disinfection is performed by sanitary authorities in a compulsory manner.

III. In places where the entire locality or district cannot at once be disinfected, it is advisable to disinfect throughout the places visited by the previous epidemics of cholera.

IV. The general disinfection should be performed at the proper time, that is, before the epidemic is actually prevalent in town or place. Every house or spot that becomes infected or is suspected to be so must be kept constantly under the influence of disinfection.

V. In regard to the best substances as disinfectants, though the testing of various articles is not yet completed, there have been found, to the present time, no more effectual substances than sulphate of iron (copperas) and the carbolic acid; and, as experience proves, we have no other disinfectants that can be employed with greater faciltiy. A combination of both these disinfectants is therefore recommended.

VI. The disinfection of clothing that has become infected by cholera excrement is especially an important matter. For that purpose the Conference recommends that all such clothing be disinfected by boiling in water, or by chemical treatment in a proper solution of "zinc vitrol" (sulphate or chloride of zinc), and the Conference also recommends that special arrangements be made by which disinfection can be employed in all places, and at any hour, among or for the poor.

VII. For the disinfection of sewers and drains, the Conference advises the trial of Mr. Sauvren's method. [The means used by Mr. Sauvren are not yet fully published, but they are believed to be similar to McDougall's—namely, a combination of carbolic or coal tar preparations, in a cheap form.]

VIII. If cholera infects any house or spot, it is recommended that, if practicable, the houses so situated in an infected place, or being infected, should be vacated, and their inhabitants should be removed from the infected spot.

IX. It is especially recommended that the ground-water (that is the water in the ground) about dwelling-houses, and all the grounds about habitations of every kind, should be preserved undefiled by any excremental matter of cholera; also, that all drinking water be undefiled and pure, and that where no pure water can be had that the water which must be used should be disinfected by boiling.

Such were the final conclusions of the conference in reference to the first duties of sanitary authorities, and the people of any town that is threatened by cholera. The discussions were based upon the experience and studies of the distinguished gentlemen who had thus agreed to meet and compare their views, and the results of their observations. The attendants at the conference were from various cities of Germany, Holland, Prussia, Austria, Hungary and Russia. The history of cholera outbreaks among the troops in the war last year proved marvellously interesting, and conclusive on many points. Next in order of interest and importance was the history of infection by means of water contaminated by cholera excrement. Closely allied to the latter subject was the examination of evidence concerning the discoveries that have been made in regard to the particular means by which the cholera infection is transported and propagated. Lastly and most practically useful was the examination of evidences concerning the proper and best methods of disinfection, and the relations of such means to the control and promotion of cholera epidemics. The chief medical officer to the Privy Council of Great Britain presented the history of the outbreaks of cholera in London in connection with the water of the East London Water Company, which, as Dr. Radcliffe has shown, was contaminated by cholera excrement. In the district where that water was used the epidemic burst forth as by explosion; while, subsequently, in other places it spread by the more usual methods and in the more usual manner. Then again, there were other instances where the epidemic spared all persons in certain asylums and hospitals who used privies that were entirely uncontaminated by cholera excrement, while the epidemic decimated the classes of inmates that used the latter. The Conference conceded that wells and reservoirs of drinking water were frequently contaminated by the cholera poison by soakage into them of the infectious element from the cholera stools; but Profs. Pettenkofer, Wanderlich, Simon, and others, agreed

that drinking water was not the most universally common means of communicating cholera to man. The influence of ground-moisture, or more precisely of the ordinary ground-water, while such water or moisture is receding by drying of the ground after a wet period, was proved by such who daily used the same well water, but who used different privies and frequented different and well separated yards, as we saw the same fact illustrated in two adjacent pavilions on Blackwell's Island last summer. The influence of different kinds of ground in receiving and propogating the epidemic virus of cholera was examined, and Dr. Pfeiffer, of Vienna, showed the curious course which the epidemic pursued in passing through the great forest country of Thuringen last year; while the delegates from Dresden and some other places showed what conditions of the earth had permitted and favored the spread of cholera on their soil, that covered certain granite rock districts. The outbreaks on Blackwell's Island and the rocky summit of Hudson City, fully bear out the conclusions of the conference on the subject of cholera epidemics on rocky surfaces, and do not disprove the agency of the surface soil in propagating the virus when planted in such places. Examining the great mass of facts presented by members of the conference in regard to influence of the ground and its retentiveness of undrained water or of being porous, and, at times saturated and again undergoing a course of drying by evaporation, the more important conclusions seem to be as follows:

1. That porous soils, and any kind of earth that retains and favors the ordinary kinds of fermenting filth, will readily retain and repropagate the virus of cholera when once the germinal virus has been introduced or planted by persons coming from infected places. That the mere altitude of a place is not the question that determines its susceptibility to cholera; that the moisture (ground-water) and the fluctuations of that moisture of a soil by rising and receding (drying), favor the propagation of cholera; that a sewer or drain may become the chief source of infection to some places where there is no soil, or where the ground and everything except the sewers and drains have been disinfected.

2. That Prof. Pettenkofer's use of the term ground-water should be understood, as he intended, to mean the standard of saturation by moisture in the soil, and that grounds which, upon their surface appear to be high and dry may, nevertheless, be saturated with moisture; that is, have an excess of ground-water (or high ground-water), and that the Sanitary drainage and drying which are necessary to protect a soil against repropagating the planted virus or germs of cholera must be deep and thorough. The history and topography of the cholera fields of Halle, Berlin, Zwickeon, Thuringen, Helsingfors and St. Peterburg supplied admirable proofs of this great doctrine in sanitary drainage.

3. Good proofs were adduced that there are some kinds of soil that seem to be natural disinfectants of cholera virus, and upon which an epidemic cannot spread except in filthy houses, sewers, etc. We have not time to make the abstract of the facts that will illustrate the true theory of this kind of exemption. We can say, however, that it is plainly important that regard should be given to the kinds of earth and materials used for filling up sunken lots, and that even the location of dwelling-places may sometimes be wisely a matter of choice as regards the nature of the soil.

The facts concerning specific disinfection to destroy both the cholera virus and all susceptibility to material for its repropogation in a house or a district were well discussed in the conference. The negative facts were specially important, for they showed that in a few places, as in the great prison at Halle, the epidemic swept forward regardless of the previous and continued disinfection of the grounds and nuisances with sulphate of iron. But in those instances it was proved that the sewers and drains were not disinfected, and that not only were the infected spots particularly exposed to and connected with such drains and sewers, but that the copperas solution had been relied upon without admixture with carbolic acid, and the powerful antiseptic agents which coal-tar contains. In Berlin there was great success in the use of permanganate of soda, with sulphuric acid added—that is, the success was achieved by the most rapid and powerful oxidization, in the same manner as we last summer disinfected the defiled clothing and bedding of the cholera sick by means of permanganate of potassa. The expensiveness of the method is the chief objection to it. Yet, for domestic and limited applications it is a perfect method for clothing and upholstery. The fact that with entire unanimity the Conference recommended that the main reliance for disinfection should be placed in the simpler and powerful agents—sulphate of iron and carbolic acid, which the Metropolitan Board unhesitatingly adopted at the beginning of the epidemic last year—will be ample warrant for our continuing to employ those cheap and effectual substances.

The vital importance of perfect sanitary care of all persons sick or infected with cholera, was illustrated in the history of the epidemic in every city. Disinfection alone, and especially the irregular and unsystematic or unenforced applications of disinfection, did not always control the prevalence of cholera; indeed, such exclusive and unmethodical sanitary work often resulted in fatal disappointments. In some cities, as in Erfurth, even the carbolic acid was so freely used in some parts of the town (in privies), that the wells in the vicinity of privies flooded with that disinfectant, yielded water that tasted strongly of it; yet parts of Erfarth were neglected, and cholera was fearfully epidemic there. But it was conceded that in cities in which there was perfect, and systematic, and well-regulated sanitary disinfection, combined with perfect care of the sick and of all suspected persons, as was the case in the city of Bristol and some other favorite cholera haunts, the epidemic was controlled, and, by like faithfulness and skill, that it could and should be generally controlled in all civilized cities.

Professor Hirsch presented the arguments and studies that favor the discovery of the precise nature of the poison that produces cholera, and

the Conference commended and urged on the inquiries that have already in the hands of Professors Klob and Thome, last year, resulted in discovering a minute microscopical growth, that seems, thus far, to be exclusively produced in cholera excrements, and which obeys all the tests for the destruction as well as the propagations of the cholera. The spores of that little growth multiply with marvellous rapidity, and they are not destroyed by ordinary doses of chlorine or chloride of lime, but are killed by sulphate of iron and carbolic acid.

The Conference recommend that scientific naturalists, like the men who are now at work on these questions, should continue their researches. It was also recommended that observers of cholera should carefully study the conditions under which the epidemic is transported from place to place, and also study the relations of ground, moisture (ground-water), and other local conditions that determine the boundaries of epidemic fields.

It will be observed by these notes, of a discussion that appears to have been conducted with the single object to find out what is known, that there was a clear knowledge of the practical wants of sanitary officers and governments. The nine propositions which the members of conference have submitted as their uuanimous couclusions and recommendations, I have placed at the beginning of this abstract, as being precisely the kind of information which a Board of Health most wishes to receive, and upon which it can base judicious practices. Fortunately for the good name of your Board as for the safety of the city last year, our practice was, from the first, based upon these doctrines, and the great minds that led in the Weimar Conference were the men that had most aided us in former years to deal with epidemic and infectious diseases. I am happy to learn that the Leipzig report is to be fully illustrated by maps and charts to show precisely what course cholera has pursued in European cities. We may hope to receive copies next month. I regret that the abstract forwarded by Professor Pettenkofer cannot be entirely translated and placed in your hands to-day. These pages contain the gist of the whole, but the debates touched upon a great many other points. We are a little surprised that some conclusion and recommendation on quarantine was not reached. But, since the fact has been demonstrated that persons who travel away from an infected district may themselves, while yet journeying and not sick, spread chelera, by means of excremental evacuations, it is not surprising that little reliance should be placed upon quarantine regulations as a means of preventing cholera from spreading in Europe.

### Literary Habits of Dr. John W. Draper.

Mr. Parton in an article on the International Copyright Law, in the last number of the *Atlantic Monthly*, speak as follows of the literary habits of Dr. Draper:

Up at six. Breakfast at seven. An hour's ride to the city. Busy at the New York University from nine to one. Home in cars to dinner at three. At four P. M. *begins* his day's literary work, and keeps steadily on till eleven. Then, bed. Not one man in many millions could endure such a life, and no man, perhaps, ought to endure it. Dr. Draper happens to possess a most sound and easy-working constitution of body and mind, and he has acquired a knowledge of the laws which relate to its well-being. But, even in his case, it is questionable whether it is well, or even right, to devote so large a part of his existence to labor. It is probable, too, that an International Copyright would, ere this, have released him from the necessity of it, or the temptation to it."

### The American Agriculturist.

We have received the *American Agriculturist* for October. We wish that all our friends could see this paper. We know of no way in which so large an amount of truly valuable, interesting, and instructive reading matter could be given to a family at so small a price as the subscription to the *Agriculturist*. Each number contains 30 to 40 large quarto pages, and 30 to 50 fine engravings, many of them very costly and beautiful. Here, in this October number, we find, in addition to the great amount of valuable information, hints, suggestions, etc., more than 30 engravings, several of which are among the most expensive ever found in an illustrated Journal. This number is of itself really worth a year's subscription. The cost of the *American Agriculturist* is only $1.50 for a year, in advance, or four copies for $5.

The *Agriculturist* deserves the special support of physicians, from its uncompromising opposition to and exposure of humbuggery and quackery of all sorts.

The publishers offer that valuable journal *free* for the remaining two months of this year to all *new* subscribers for 1868, (Vol. 27,) who send in their subscription *during this month of October*. We advise all our readers to secure it on these terms. It will be sure to benefit all fathers and mothers, and interest and instruct the children. Subscriptions should be sent to the publishers, Orange Judd & Co., 245 Broadway, New York city.

### Prevention of Sickness from Chloroform.

A writer in the *British Medical Journal*, says:

"Vomiting is so frequent and so troublesome a concomitant of the administration of chloroform, both during and after the inhalation of the anæsthetic, that I am pleased to lay before your readers the general result of a very simple, and, as I believe, a very effective mode of prevention. I have already, in some eighteen or twenty eye operations, adopted the plan of giving the patient a drink of a few drops of chloroform in water before commencing the inhalation, and so far the result has been most satisfactory; not more than one, or at most two, cases of slight nausea having occurred where the chloroform drink had

been previously administered. The remedy has, of course, to be more extensively tested before it can be relied upon; but I should be glad if some of your correspondents would record the result of their experience in its use."

### A Hint for Campaigners.

A Parisian physician, Dr. Phœbus, has been studying afresh the causes of sore feet on the march, and the best means of preventing them. In addition to advice as to the shape of the boots, which is well understood in this country, although badly carried out, he recommends the repeated employment, during the march, of cold ablutions of the feet. The men should be allowed to stop, when they pass running or stagnant water, long enough to take off their boots and to put their feet in the water for a minute or a minute and a half. In inhabited places, vessels of water may be procured for this purpose, and the feet kept in till the sensation of heat or burning has disappeared. The experience of civil pedestrians (we may add our own) is conclusive of the utility of this precaution in avoiding soreness of the feet in forced marches. If any blister form, a thread of wool or cotton should be passed through it, and loosely tied. Thus the fluid escapes, but the epidermis is preserved—a precaution by which severe subsequent pain is avoided. Excoriations are best treated by a soft oxide of zinc ointment (made with benzoated lard and a little glycerine). The soldiers' shoes should be soft and supple, although sufficiently thick. A dozen or two small nails in the sole, where it wears most, suffice to preserve it. The leather may be softened by rubbing a mixture of linseed-oil and oxide of lead or of lard. Stockings should always be worn. In their absence, a piece of thickest linen rag may be used to deaden the pressure of the boot where it is most felt. When once the feet have become sore, walking bare-footed, is often, according to M. Phœbus, the best of remedies, till the excoriations have healed.

### Results of War.

The *British Medical Journal* remarks, that in the course of the international conferences which have just terminated at Paris, relative to certain proposed modifications of the treaty of Geneva of 1864, for ameliorating the condition of the sick and wounded in time of war, a letter was read by the delegate from the Austrian Ministry of War, which contained the following statement. At the date of the letter, August 14th, 1867, there remained 84 Austrian officers, 12,277 soldiers, who were engaged in the war of 1866, of whose fate nothing whatever was known. They simply appear in the official documents of the army as "*disparus*." For a long time the families and relatives of this large number of men were kept in anxious uncertainty as to whether they were prisoners of war in Prussia, wounded and in Prussian hospitals, or had been killed on the field of battle. They only know now that they are dead, because they have never been able to obtain any tidings of them. Many of them may have been drowned; but the probability is, that the greater number were shot and buried without any record being made of their regiments or names. The object of the letter from the Austrian Minister of War was to bring before the Conferences the subject; to consider if some international plan might not be adopted for identifying all soldiers dying in time of war, and ensuring that in no case should any officer or soldier be buried without note being duly taken of his name, so that it might afterwards be communicated to the proper authorities of the country to which he belonged. It did not appear whether the "84 officers" mentioned by the Austrian Minister of War, included "non-commissioned officers," or referred only to commissioned officers. Under any circumstances, what an incalculable amount of misery is indicated by the figures and facts above named!

### Tetanus Nascentium.

The following treatment of Tetanus Nascentium is given by Dr. Gross of Pa., in Tilden's *Jour. of Mat. Med.*

When the umbilicus is highly inflamed and suppurating, I would apply the lotion of zinc, or a lotion of permang. of pottassa, 1 to 2 grs. to the 1℥ of water, and follow that by a poultice of hypericum leaves, to subdue irritation and inflammation of the cord, and give lobelia and ipecac to produce copious emesis and relax the system; the lobelia has a peculiar controlling influence over all such morbid conditions of the cerebro-spinal nerves. After the action of the emetic I would give gelseminum in doses sufficient to impress the cerebro-spinal centres. I generally use the tincture, and give from 3 to 6 gtts. every hour until its effects are manifest upon the muscles of the eyelids, and a few drops of hyoscyamus and cannabis indica may be added to each dose, say 2 gtts. of each. The gelseminum is the remedy in "omne genus;" it is particularly adapted to the disease; it controls the inflammation and the morbid excitement of the cerebro-spinal centres. The bowels may be moved by small dose of leptandrin and podophyllin, say one-quarter grain of podophyllin, and three-quarter grains of leptandrin.

[It seems to us that a quarter of a grain of podophyllin is an immense dose for an infant a few days old.—Eds. Reporter.)

### Blood-Corpuscles.

The London *Review* says: "A paper having appeared in the last number of the *Microscopical Journal* which to a certain extent evidenced an exception to Professor Gulliver's views on the subject of blood-corpuscles, the Professor has written an article, which will appear in the forthcoming number (November) of the *Journal of Anatomy*. Having been favored with a copy of the paper, we can state that the author has brought forward ample evidence to prove the correctness of his opinions. There can, we think, be little doubt that his classification of animals, based on the form and structure of the blood-globules, still holds true. Prosessor Gulliver divides all vertebrate animals into two great groups—first, those whose blood-corpus-

cles present a well defined neucleus, *Pyrencæmata*, a section including the birds, reptiles and fishes; and second, those in which no real nucleus exists in the blood disks; to this section he gives the name of *Apyrencæmata;* it embraces only one order, that of Mammalia. Professor Gulliver says that the form of the blood-corpuscles in some mammals is so remarkable that by them alone the species may be distinguished. This is especially true of the great ant-eater, *Myrmecophaga jubata."*

—— Among the difficulties which the English army will be compelled to endure in the Abyssinian expedition, are said to be the bilharzia hæmatopia, the trichocephalus dispar and the filaria medinensis.

The above is published by one of our newspapers in its "fact and fancy" column, as a good joke—but if the editor had the misfortune to "endure" any of the parasites named, he would find it was no joke at all!

*[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]*

## MARRIED.

Aiken—Smythe.—On the 1st of October, at the residence of the bride's father, by Rev. Wm. Bower, Dr. Perley Aiken, of Cleveland, Tenn., and Miss Julia O., daughter of General George B. Smythe, of Newark, Ohio.

Bennett—Paddock.—Oct. 17th, 1867, at the Congregational church in Canandaigua, N. Y., by the Rev. Dr. Dagget, Dr. Hilem F. Bennett and Miss Harriet M. Paddock, of Canandaigua, N. Y.

Black—Reiter.—In Pittsburg, Oct. 15th, 1867, at the residence of the bride's parents, by the Rev, Dr. Howard, John S. Black and Lide H., daughter of Dr. Wm. C. Reiter, all of that city.

Bradford—Mason.—In Brookfield, Vt., Oct. 2d, by Rev. D. B. Bradford, assisted by the Rev. T. N. Jones, Francis I. Bradford, M. D., and Miss Mary H. Mason, both of Brookfield.

Campbell—Mott.—Oct. 9, at the Church of the Transfiguration, New York, by the Rev. Dr. Houghton, Samuel Campbell and Fannie Louise, grand-daughter of the late Dr. Valentine Mott.

Chadwick—Hooley.—At the residence of the late Benjamin Hooley, at Long Branch, N. J., Oct. 16th, by the Rev. R. A. Poole, Rector of St. James Church, A. B. Chadwick, M. D., of Brooklyn, and Zilpha E. Hooley, of the former place.

Flower—Shinneller.—Oct. 2d, in the Presbyterian Church in Temperanceville, Pa., by Rev. P. S. Jennings, Dr. James C. Flower, of Pittsburgh, and Miss Sarah Shinneller, of Temperanceville.

Gifford—Crew.—In the Spring Garden Presbyterian Church, Philadelphia, on the 10th inst., by the Rev. William E. Jones, assisted by the Rev. David A. Cunningham, Charles Kelly Gifford, M. D., of Clarendon, N. Y., and Miss Mary Elizabeth, eldest daughter of Mr. Henry Crew, of Philadelphia.

Haws—Schoonmaker.—Oct 17th, at the residence of the bride's father, Harlem, by the Rev. J. C. McKown, Tilghman Haws, of Knoxville, Tenn., and Fannie, eldest daughter of Dr. H. E. Schoonmaker.

Knotts—Cooper.—On the 1st inst., Dr. J. V. Knotts and Miss Kate O. Cooper, all of Templeville, Queen Anne county, Md.

Pendleton—Conner.—In Belfast, Me., Oct. 9th, by Rev. Dr. Palfrey, Dr. Lewis W. Pendleton and Miss Carrie S., daughter of Wm. H. Conner.

Preston—Krause—On the 10th inst., by the Rev. D. Gans, D.D., at the residence of the bride's father, Mahlon Preston, M. D., and Mary, daughter of the Hon. David Krause, all of Norristown, Pa.

Shafer—Fraker.—Oct. 2d, in the Presbyterian Church, Shirleysburg, Pa., by Rev. Wm. Gwin, assisted by Rev. C. Forbes, Dr. Alexander Shafer, of Belleville, Pa., and Miss Ellen Fraker, of Shirleysburg, Pa.

Shaw—Charlotte.—In New York, Oct. 17th, at the residence of Dr. James L. Little, by Rev. Dr. Deems, Joseph G. Shaw M. D., and Lillie, daughter of the late John Charlotte, of Newbern, N. C.

## DIED.

Beesley.—On the 17th inst., Dr. Theophilus E. Beesley, in the 72d year of his age.

Bower.—In Harrisburg, Pa., Oct. 11th, Dr. Charles Bower, formerly Surgeon of the 6th Penn'a Reserves and 193d Reg. P. V. He also served in a Pennsylvania regiment, as a medical officer, during the Mexican War.

Crandall.—The death of Hon. Charles M. Crandall, member of the last Assembly from Alleghany co., N. Y., is announced. Dr. Crandall held a high rank in the medical profession. During the war, he gave his services, on several different occasions, for the relief of sick and wounded soldiers in hospitals, and, as a member of the State Medical Society, initiated the movement which led to the passage of a law by the Legislature, with this object in view. During three terms of service in the Assembly, he maintained a spotless reputation, and always secured high respect for his opinions.

Harris.—At New Brighton, Staten Island, on Friday, Oct. 18, Mrs. Eliza Harris, of New York, wife of Dr. Elisha Harris.

Reese.—on the morning of the 18th inst, Elizabeth Hollingsworth, youngest child of Dr. John J. and Sallie A. Reese, in the 3d year of her age.

Watson—In Bridgeport, Conn., Oct. 13th, Dr. William Watson, a graduate of the University of Maryland.

## OBITUARY.

### Dr. Robert Watts.

Dr. Robert Watts, late Professor of Anatomy in the College of Physicians and Surgeons of New York, died in Paris, on the 8th ult., in the 55th year of his age. Dr. Watts was born at Fordham, Westchester Co., N. Y., in 1812. He was educated at Columbia College, and, after graduating, studied medicine under Dr. Willard Parker, of New York. In 1840 he was appointed Professor of Anatomy in the New York College of Physicians and Surgeons, which office he held from the time of his instalment until his death—a period of twenty-seven years. Dr. W was an experienced physician, an accomplished scholar, and a most amiable man.

## ANSWERS TO CORRESPONDENTS.

*Dr. A. P. J., of N. Y.*—The plates of Elementary Anatomy advertised by Jaggers & Williams in the Reporter, are carefully executed. They cost as follows:

| | |
|---|---|
| Single plate | $2.50 |
| Do., mounted on rollers | 3.00 |
| Full set of 20 plates | 40.00 |
| Do., on Rollers | 48.00 |
| Do, in book form | 46.00 |

They would look well in an office.

*Drs. M. & L., Ind.*—Maclise's Surgical Anatomy stands as high as any The English edition costs $36 00; the American $14.00; both colored. Scanzoni or Byford on Diseases of Women, are standard works; each costs $5.00.

*Dr C. H O., of Md.*—Chain-saw sent by express, on the 21st.

*Drs. F. A. W., of N. Y., and C. B. M., of Md*—Your orders for skeletons were sent, last week, to the proper person, who will ship them to you.

## METEOROLOGY.

| October, | 7, | 8, | 9, | 10, | 11, | 12, | 13. |
|---|---|---|---|---|---|---|---|
| Wind | N. W. | W. | N. W. | N. | S. W. | W. | N. W. |
| Weather | Clear. | Clear. | Clear. Frost. | Clear. | Clear. | Cl'dy. | Clear. |
| Depth Rain | | | | | | | |
| *Thermometer.* | | | | | | | |
| Minimum | 37° | 36° | 42° | 48° | 56° | 47° | 44° |
| At 8, A. M. | 49 | 50 | 50 | 61 | 59 | 55 | 53 |
| At 12, M. | 57 | 57 | 63 | 68 | 68 | 58 | 58 |
| At 3, P. M. | 56 | 58 | 64 | 69 | 67 | 58 | 59 |
| Mean | 49.75 | 50.25 | 54.75 | 61.50 | 61. | 54.50 | 53 50 |
| *Barometer.* | | | | | | | |
| At 12, M. | 30.6 | 30.5 | 30.2 | 29.7 | 29.7 | 30.1 | 30.1 |

*Germantown, Pa.* B. J. Leedom.

NOV. 9. 1867.

THE

# MEDICAL AND SURGICAL REPORTER.

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## Original Department.

## Communications.

### A NEW METHOD OF MAKING MICROMETERS.

By R. E. Van Gieson, M. D.,
Of Greenpoint, N. Y.

Among the many accessories of the modern compound microscope which increasing accuracy in observation has demanded, none is certainly more convenient, we might say, indispensable, than the micrometer. Microscopical observations may be conducted with the greatest skill and patience, but if the results be not accompanied by accurate measurements, their value is greatly diminished. It is, therefore, essential that our means of determining the size of microscopic objects should be both exact, and yet of such a simple nature as to be easily and quickly applied. Of all the means of taking measurements, that of the ruled stage micrometer is certainly the most simple. As far as accuracy of result is concerned, it leaves nothing to be desired. The only obstacle to their more general use is their comparatively high price. So far as we at present are aware, they are all manufactured by means of most delicate machinery, so finely adjusted that thousands of lines can be traced with a diamond-point within the space of the tenth of an inch. The wonderfully delicate ruling on glass executed by M. Nobert, of Barth, Prussia, has deservedly excited the admiration of the microscopic world. The finest test-object yet discovered is the *amphipleura pellucida*, or *acus*, which contains one hundred and thirty thousand lines in an inch. We are under the impression that M. Nobert has *ruled* on glass as many as seventy thousand lines in the inch, exceeding by some twenty thousand the markings of the *pleurasigma spencerii*—itself a most delicate test-object.

We cannot reasonably expect that the expense attending the manufacture of ruled micrometers by the preceding method will ever be materially diminished. It requires a certain outlay of tedious labor, for which the present price is no very profitable recompense.

The prices for micrometers range from three to five dollars, according to the delicacy of ruling. We have said that this is an obstacle to their general use, and by this we do not mean their ordinary application for measurement, for with a little care, a micrometer, used for this purpose alone, can be made to last for years, the only danger being that of breakage, and this occurs so rarely, that we have no reasonable cause to complain of the price when another is needed.

It would, however, be very desirable to have *every slide upon which an object is to be mounted itself a micrometer, variously ruled, according to the minuteness of the specimen, from hundredths to ten-thousandths of an inch, or finer, if necessary.* A single glance would then suffice to impress the actual diameter of the object upon the mind of the observer.

It would also be desirable for the microscopist to have many micrometers, ruled for various intermediate sizes, instead of one ruled only for hundredths and thousandths of an inch.

Again, it might be convenient to have micrometers ruled in *circles* of various sizes, or in some other form besides that of simple lines. This is not possible by the present method of manufacture.

In casting about for some plan to secure these desirable results, it very naturally occurred to us that photography, if properly applied, would furnish the required means. A very few rough initial experiments convinced us that certain dependence might be placed upon photography for even the most delicate results.

A want of time and proper apparatus prevented us from carrying out these experiments to their legitimate result, viz., *the construction of the most delicate markings on glass, of any required form or size, with rapidity, economy, and accuracy.*

We wrote, however, to Mr. Queen, giving him the general outlines of the method. In his reply he expressed the belief that the plan was both original and practicable.

The matter thus stood until recently. A few

spare moments permitted us fully to test the correctness or incorrectness of the conclusions drawn from the original rough trials. The result was pleasing success; and we would now call the attention of those interested in microscopic pursuits to *photographed micrometers as a fixed fact.*

At present writing we have before us micrometers ranging from the one-hundredth to the fifty-thousandth of an inch. They are not as perfect as we could wish them to be, simply because they have been made during scraps of leisure, not unfrequently interrupted by annoying calls to less pleasing pursuits. They demonstrate, however, that a completely successful result can very easily be obtained by a proper observance of the inexorable rules of photography, which demand, first of all, purity of chemicals and perfection of apparatus, with regard to material, and then patience, skill, and cleanliness, as regards manipulation of the same. The result is then not a matter of conjecture, but one of certainty.

The process by which micrometers can thus be made, is simply that of micro-photography, or the taking of a *diminished* copy of an object. The half-inch object-glass makes a very good lens for the taking of such pictures. After its principal focus has been found, its adjustment is complete; all objects beyond a certain distance are sure to be in focus. This certain distance is usually not more than two feet for such a lens. In order, then, to have a perfectly sharp picture, the only requisite is, not to bring the lens any nearer the object than two or three feet. The farther the lens is removed from this limit, the smaller will be the resulting picture.

In order to determine what shall be the size of the micrometer lines, we have only to focus at a given distance two sharp bold lines, say two inches apart, and accurately measure the image thrown on the ground glass-lines closer together, will, of course, be diminished in the same proportion. If for instance the two inches are reduced to one-tenth of an inch, one-tenth would at the *same distance*, be reduced to one two-hundredth of an inch. In this way, by moving the lens and varying the lens in the original, lines, squares, curves, concentric or simple circles, can be reduced to any required diameter. For lines under one-thousandth, I have succeeded very well with white lines upon black paper. In the micrometer the white lines of the original come out black, while the black spaces of the original are rendered perfectly transparent. For very fine markings I have used the following method: A one-quarter plate is sensitized—exposed to light, developed and thoroughly *blackened* by means of bichloride of mercury, and strong ammonia. It is then dried and coated with very *thin* varnish—the thinner the better, as only a very slight protection is needed. When this is thoroughly dry, lines are to be carefully ruled upon it with a sharp knife, *giving just pressure enough to cut down through the blackened film to the glass.* The result is black spaces intense enough to prevent the transmission of light, and a number of very clear lines through which the light very readily passes. It is what the photographer might term a transparent positive. This is fastened to one end of a long box with bellows extension, so as to be adjusted to various lengths. The lens and camera are placed at the other end. A plate is now inserted in the plate-holder and exposed. The resulting picture is the reverse of the original. The lines are exceedingly delicate, and require to be blackened by means of bichloride of mercury and cyanide of silver. In its present condition without varnish or any farther preparation, it can be used as a slide for mounting tissues, cells, and similar substances. If the object be very hard, or have acute angles, as cystals shells of diatomacae, a very *thin* coat of varnish will be needed to protect the film from being scratched, but if balsam is used, even this will not be necessary. The majority of objects can with care be mounted directly upon the film. For an eye-piece micrometer after the plan of Jackson, a very thin coat of varnish will afford all the protection required, as in this position the glass is not much exposed to rough usage. For a stage micrometer the protection of varnish is insufficient; it is soon rubbed off by attrition on cleaning, and the film sooner or later obliterated; and yet even for this purpose it will last longer than one would suppose. As it can be easily and cheaply replaced, it is perhaps no great advantage to have the lines permanent. To render the lines indellible, like those ruled on glass, is somewhat difficult, but not by any means impossible. It will be remembered that the lines are *metallic silver on glass;* theoretically the proper application of heat should cause these metallic lines to fuse into the glass. A few experiments with the blow-pipe convinced me that this can be done. If too much heat be used the lines become crooked, sinking irregularly into the glass; if too little heat be applied, the lines are rendered much more permanent, but not absolutely so. The *fusing point must just* be reached, and no more. In thus presenting this method to the profession, photographic details have intentionally been

omitted. The bare outlines indicate the general plan; more than this would be unnecessary for the expert, as well as uninteresting to the general reader. With the few hints given any microphotographer will be enabled to furnish proof to those interested, of the practicability of the method by the production of a few samples.

## PECULIAR CASES OF POISONING FROM THE ROOT OF THE RHUS TOXICODENDRON.

By James Stokes, M. D.,
Of Branchtown, Philadelphia.

Early in the month of March, I was called to see the child of a neighbor, a boy twelve years old, said to have measles. I found him covered with a rash resembling measles, his face, neck, and throat swollen, eyes suffused, and watery, voice husky, with a dry hoarse cough, soreness of throat, with intense burning, extending to the stomach, with high fever, coated tongue, urine high color, scanty and irritating, intolerable itching of the skin, and nervous twitchings, mind at times wandering. On examination, I found he had been ailing for a week, suffering from catarrh, and generally indisposed. The scarlet appearance of the eruption on the face, with incipient vesication, a crescentic arrangement of rash on the body, fever, with catarrhal symptoms, induced me reluctantly, to diagnose it as a case of measles, for I thought it somewhat remarkable that the eruption should become so general, so soon after its first appearance, and its assuming the vesicular character so generally on the face. I ordered small doses of sulphate of magnesia, and a tablespoonful of neutral mixture, every two hours, demulcent drinks, with farinaceous diet. On the next visit, I found the œdema more diffused, extending to the hands and feet, eyelids closed, the subcutaneous cellular tissue of the lids filled with a serous fluid, and seemingly ready to burst, the glans prepuce also swollen, with difficulty in urinating. All resemblance to rubeola had disappeared.

On my third visit, I found two other children, girls, aged respectfully 15 and 17, likewise sick, their indisposition solved the mystery. They then stated, that their two brothers and they, had been drinking of tea, prepared (as they thought), from the sassafras root; samples were produced, among which, I discovered the *Rhus Toxicodendron*. The three were severely poisoned, being very susceptible to the influence of the poison vine when in leaf, the boy not at all susceptible, escaped.

Having discovered the source of the trouble, the treatment was simple, saline purgatives in small doses, the local use of cold lead water, and better diet. Desquamation was general, and I might also state, that vesicles were found on the tongue, mouth, and fauces. Patients have since all recovered.

Before closing, I desire to bring to the notice of the profession, the too much neglected claims of one of our indigenous plants, in the treatment of poisoning by the rhus toxicodendron, and trust that my experience with it will lead others to employ so useful and easily procured a remedy in cases which, to say the least, are sometimes very annoying and troublesome.

The *Urtica Pumila* (*Pilea pumila*, Gray), growing in damp shady nooks in our woods, and found sometimes along the road sides. I have used it in the summer season, for a number of years, in cases of poisoning, always with marked benefit. Sometimes it has acted as a charm, where other means have been tedious and almost inoperative. It is known as the bastard or dead-nettle, also the *rich-weed*, *cool-weed*, *silver-weed*, on account of the bright transparent appearance of the stem. My mode of procedure has been to obtain, if possible, full grown plants, stripping the stems of leaves, bruising the stems, and using the juice or sap, by directly applying to the diseased parts, and renewing when dry. In many cases a complete cure is effected after one or two thorough applications.

## CASE OF VESICO VAGINAL FISTULA OF OVER FIFTEEN YEARS' DURATION.

By John N. Lyman, M. D.,
Of Mannville, Jefferson co., N. Y.
Assisted by Drs. Kinney, Low, Bulkly, and Seymour.

Mrs. ——, native of Ireland, aged about 45 years, found, after a very severe and protracted labor, about fifteen years since, that she was "torn and unable to hold her urine." No instruments were used in the delivery of the child, and there is but little doubt, but that the lesion was the result of long continued pressure, and that it might have been prevented by the timely use of the forceps. Upon examination in the month of May, 1867, found an elliptical fistula in the trigone space, about half an inch in its longitudinal diameter. Parts in an excoriated condition from the constant dribbling of urine.

Told patient that I thought I could close the fistulous opening and restore the urine to its normal channel, and that, very likely, she would be able to control its flow. Her general health was very miserable, in consequence of the suffering, both of mind and body, resulting from her very disagreeable condition, and as she thought she was unable to undergo the operation, it was delayed until the 3d of August, during which time measures were taken to improve her health somewhat.

At this time, having administered a mild cathartic on the previous day, and an enema on the morning preceding the operation, which evacuated her bowels nicely, she was brought fully under the influence of chloroform, placed upon her knees upon a couch, her breast and head resting on chairs some three inches lower than the couch, flexed legs upon thighs, and the feet held by an assistant upon each side, one of whom at the same time held the speculum (Sims') which brought the fistula into full view. The edges were then carefully pared off for about three-eighths of an inch, with but little hemorrhage. Fistula was then closed transversely by means of three silver-wire sutures, which, when secured by means of three perforated shot, entirely closed the opening, and stopped the flow of urine. Wires were cut off smoothly and close to the shot, Sims' self-retaining catheter introduced without difficulty, into the urethra, and the patient placed upon her back in bed, and while coming out from influence of anæsthetic, gave her sulph. morph., gr. ss., in a little camphor-water.

The night following operation, patient rested very well and required only about one-eighth of a grain of the morphine, three times each day during her recovery, except on the fourth and fifth days, when there was considerable tympany and pain in the bowels, which soon subsided however upon the administration of a few doses of oil of turpentine and camphor, in a little mucilage of gum acacia, and a slight increase in the amount of anodyne. On the tenth day removed the sutures, and found perfect union of fistula had taken place. On the eleventh day moved bowels by injection, had not moved before since operation. Up to this time removed catheter and cleaned it three or four times each day, kept up the use of catheter for two days after removing sutures, and then allowed her to pass urine herself, which she was frequently called upon to do for some time, owing to the bladder having been so long out of use as a receptacle for the urine. This difficulty has in a great measure subsided, and she is now able to lie all night perfectly dry, and has perfect control over the flow of urine, except when she does some very heavy work, when she has some slight trouble with incontinence if she allows any great quantity to accumulate in the bladder. After the operation, patient was allowed to lie upon either side or upon her back as suited her best. In fifteen days from time of operation patient's health was much improved, and she was able to go about her work.

# Hospital Reports.

Pennsylvania Hospital,
*April 6th*, 1867.

## Clinic of Dr. Agnew.

Reported by Dr. Napheys.

### Abscess Simulating Aneurism.

This man has been in the hospital for two weeks. He was admitted on account of an enlargement or swelling, situated immediately above the clavicle on the right side. When he first came in, the skin covering it was like the skin of the surrounding parts, not at all discolored. On placing the hand upon the tumor, a very distinct pulsation could be perceived. On making pressure on the inner and then on the outer side, an impression is obtained of one portion of it being deep, running down partly underneath the clavicle, while the superficial portion appears to be very movable. Upon placing the ear over it, a distinct thrill or aneurismal sound is heard.

At first sight the swelling leads to the inference that it is an aneurism of the subclavian artery. But this impression cannot be entertained in view of its mobility, and the fact that its surface is not uniform, but lobulated. Deep pressure also gives an obscure sense of softening. If the tumor be not an aneurism, how then explain the pulsations so distinctly felt? These are doubtless communicated to the mass from the subclavian artery over which it lies. It is not common to have thrills in such tumors. There is a sound, which assimilates the aneurisma thrill, from the large veins at the root of the neck, and without doubt the pressure of the tumor so interferes with the passage of the blood through the subclavian veins, as to produce this sound. There are other reasons in support of the belief that this is not an aneurism. He has a scar situated immediately below the clavicle, and upon the arm there are several old cicatrices from inflammation and suppuration of the lymphatic glands. He says that when he was a lad, he had discharges taking place for some length of time from these points. All of these things look to some glandular condition. Again, a very important change has taken place in the tumor since his admission. It has become discolored and more sensitive, he shrinks when it is touched, which he did not do before, showing that the inflammation has gone on to a state of suppu-

ration. This is now an abscess of the supra-clavicular glands, two or three of them doubtless being involved

What the treatment should be, it is not difficult to point out. It requires the application of emollient poultices for a short time, until it shall be sufficiently advanced to be opened.

### Ununited Fracture.

This man has now been in the hospital for twelve weeks. He was brought in, in consequence of a comminuted fracture of the right leg near the ankle, produced by a mass of coal falling upon it. At that time it appeared as if one of the fragments was almost through the skin, and that in a few hours it would be a compound fracture. Therefore the parts were simply moulded into position, without using any particular extension, or any firm pressure, for fear that the movement of the fragments would break the skin and thus greatly complicate the case. In this way the formation of an external opening, which was dreaded, has been prevented, but the attempt to get union has failed. The limb has been placed in a fracture box upon a pillow, and the foot secured to the foot-board. His habits have been fair and his general condition good.

The fragments now move upon each other, as can be perceived on making passive motion to keep up the function of the ankle-joint. It is a case of ununited fracture, not yet entitled to the name of a false joint.

A distinction should always be carefully drawn in these cases, between delayed union and a permanent want of union. Because a fracture does not unite in four, six, or twelve weeks, it does not necessarily follow that it is not going to unite at all. Sometimes, long after this, union will be obtained if the proper position of the fragments be permanently maintained. This case is not yet to be treated as one of ununited fracture, but the parts are to be kept at rest and union hoped for.

A change takes place in the ends of the bones in ununited fracture. Sometimes they become rounded off and are encrusted with a certain amount of fibro-cartilaginous tissue, sometimes with fibrous tissue alone, at other times a movable band really stretches across between the extremities and unites them together. Again, there is in some cases an attempt to form a true articulation; one end becomes rounded off and encrusted with a dense layer of fibrous tissue, while the other becomes hollowed out, forming a cup-like depression. Sometimes also the cellular tissue around becomes condensed into a capsular ligament, simulating the synovial membrane.

It may be in this case that the ends of the bone are undergoing the change referred to, and that union will not take place. The causes for this are to be looked for either in the state of the man's constitution or in some local difficulty which may be present. So far as can be learned from this patient, he has always been in the enjoyment of good health, nor has he lost any considerable amount of blood. Unnecessary meddling with the limb is a very prolific cause of a want of union. A constant change of the dressing on account of dissatisfaction with it, is very often productive of great harm, arresting the deposit of ossific matter.

For the purpose of inciting or inducing a deposit of callus, both local and constitutional means may be resorted to. The phosphites subserve a good purpose here. The hypophosphites, given in a crude state in some syrup, are often of benefit. Better results are obtained in this way than by the administration of any of the elegant syrups, made so often at the expense of the therapeutic value of the article. The time has come in this case when a little motion in the parts may be attempted.

The means resorted to in this hospital for the cure of ununited fractures are various. The simplest is to use friction with some stimulating liniment, to invite a large amount of blood to the part, and if possible, thus induce a deposit of callus. Another method consists in blistering, this was introduced by Dr. Parrish. A third, which belongs to Dr. Hartshorne, is the application of caustic potassa to produce a sore, and in this way invite a determination of blood, so as to quicken the process of repair; it has been used in some cases with perfect success. Then there is the seton, the introduction of a thread, suggested by Physick. The method of Dieffenbach consists in the introduction of ivory pegs into the bone at either end contiguous to the fracture. The operation of Brainard, drilling holes into the extremities of the bones with a gimlet, impaling them, has proved successful in this hospital in several cases.

The old operation of Celsus, moving the parts upon each other, so as to invite a large amount of blood, and induce a deposit, is the one which will be followed in this case. This was done, and the result will be reported in a few days. By this simple method alone, union of the dislocated fragments may be secured.

This patient recovered perfectly, after about six weeks longer detention in splints.

### Gonorrhœa.

This boy came into the hospital on account of a purulent discharge from the external orifice of the urethra. The margins of the urinary meatus are swollen and red, with a disposition to separate. With all the phenomena here present, I have no hesitation in pronouncing this to be a case of gonorrhœa. Generally speaking, this is not a disease difficult of diagnosis. It is extremely rare to have a purulent discharge from any cause, excepting from the specific action of the gonorrhœal poison. Leucorrhœa in the female is said to give a discharge of this kind, but it is very seldom met with. There are certain medicines, which, when taken internally, sometimes produce urethral discharges; as, for instance, iodide of potassium and bromide of potassium; large doses of the latter medicine often produce this effect. Sometimes tincture of cantharides, taken for other purposes, causes a discharge of this kind, and persons who are in the habit of using very largely cayenne pepper or mustard, sometimes suffer in this way. When a patient says he finds himself suffering from an uncomfortable feeling about the penis, with a sensation of fulness, that the margins of the urethra are glued together, that there is a discharge of a ropy, purulent fluid, and that, on making water, he experiences a great deal of

burning, there can be no room for doubt but that he has gonorrhœa, and that it is the result of impure connection. The disease consists in an inflammation of the urethral canal. On examining most cases early, it will be found that the tenderness of which the patient complains, is situated at the fossa navicularis, just behind the glans penis. If allowed to go on neglected, the inflammation and tenderness travel toward the posterior part of the urethra, and the tenderest portion will be near the commencement of the so-called bulbous portion of the urethra. Some hardening will also be found in the lower portion of the urethra, for there is always some lymph deposited in the tissue immediately underlying the mucous membrane. Another way of determining whether the discharge is due to this specific cause, or some other agent, in those cases in which the happiness and peace of families is involved, is to let it alone. If it depends upon gonorrhœa, it will not get well of itself, but will go on from bad to worse; while if it depends upon any other cause, unless it be a chancre in the urethra, cleanliness and leaving the patient to himself will generally produce a cure. There is an odor about gonorrhœa which is characteristic, and analogous to nothing else.

What is to be done in such a case of gonorrhœa? The patient will say, "I want to be cured at once." Say to him you cannot do it. There are plenty who do profess to cure in twenty-four hours, but they always leave their patients in a worse state than they found them. When the patient comes in an early stage, assign three or four weeks as the time required for cure. If he be strong or plethoric, or in fair health, give him a saline cathartic, wash out the urethra well with a little tepid water or flaxseed tea, bathe the penis two or three times a day with a little laudanum and warm water, which relieves very much the sense of fulness; give an opiate at night, to induce sound sleep, and restrict the diet. For the first two or three days this is the proper treatment. Then, after the inflammatory symptoms have begun to wane, commence with mild injections. The mildest is a little sulphate of zinc or acetate of lead in rose-water, thrown into the urethra three or four times daily, immediately after it has been washed out with tepid water, so as to thoroughly cleanse the mucous membrane. With these gentle injections the treatment may be pursued for a day or two, when some of those agents which exert a powerful influence on mucous surfaces may be employed. Balsam copaiba was introduced by Dr. Chapman for the cure of gonorrhœa, and has sustained its reputation, and will sustain it, as one of the best constitutional remedies which can be employed for the treatment of this disease. Some never give injections, but rely exclusively upon this remedy. There are others whose treatment consists in injection of the copaiba into the urethra, as Dickson, of London. But by this means such good results are not obtained as might be expected. The agent, while passing through the kidneys, undergoes some change, which makes it efficacious. Cubebs is also another valuable remedy. In prescribing for a case of gonorrhœa, there are several indications to be fulfilled. First, the specific influence of copaiba and cubebs is wanted, for which purpose a drachm of the tincture of cubebs, with one-half that quantity of copaiba, may be employed, combined with other articles. It is desirable to remove every property of the urine which irritates the mucous membrane. If it be acid, as it usually is, liquor potassæ is an excellent alkali to neutralize it, in the dose of five or six drops. Then these drugs should be covered up so as to be made palatable to the stomach, as both cubebs and balsam copaiba are found often to offend. For this purpose, cinnamon-water answers very well. In order to control the chordee, camphor enjoys a decided reputation, as do also lupulin and morphia. For which reason, mistura camphoræ and a little of the officinal solution of morphia may be added to the prescription. In some cases it may be necessary to make a change, but in the vast majority, this will be found to be an excellent mixture, to be taken three or four times a day. The injections should be meanwhile continued. A very good treatment is to use an injection of sulphate of zinc, at first two grains to the ounce, and to increase it one grain each day, until it reaches the strength of fifteen, twenty, or twenty-five grains to the ounce, by the time which point is attained, the gonorrhœa will be cured.

After the discharge has disappeared, the remedies should not be suspended at once, or, possibly, there may be a return of it. For this reason, the patient should diminish gradually the strength of the injection, coming down from twenty-five or twenty grains to one or two grains, while the dose of the balsam and cubebs is also lessened in the same way. The patient will very seldom have gleet if the disease be treated in this way. The injection may be changed to nitrate of silver or sulphate of copper, always commencing with a weak solution.

Gonorrhœa is usually regarded as a very simple disease, one giving persons but little annoyance. Within a short time, however, Dr. Agnew was called to see a case of this affection which proved fatal in less than forty-eight hours. Such cases are very unusual, but still they are upon record. The man referred to was of a very powerful frame. He came to the city from the country, was led into a debauch, and contracted gonorrhœa. The symptoms were severe from the very first. Violent inflammation passed rapidly along the urethra, an abscess formed in the corpus spongiosum, the disease was propagated to the pelvis, abscesses formed in different portions of the pelvis, furious rigors came on, and the man died from constitutional irritation, barely having time to send for his wife and family to come and see him die.

### Aneurism of Radial Artery.

This man was admitted into the hospital on account of a fracture of the thigh. He has now a small tumor situated above the left wrist, in the line of the radial artery, which he says made its appearance since his admission. On placing the finger upon it, it is found to pulsate very strongly. When pressure is made on the radial artery above the enlargement, the pulsa-

tion in it immediately ceases, and if pressure is continued awhile, the tumor becomes emptied entirely.

This is an aneurism of the radial artery. It came on suddenly and without any assignable cause. The cure has been attempted by the application of pressure both above and below the tumor, with a view of inducing, if possible, solidification of its contents. For a time it was thought this had succeeded, as the pulsation was very indistinct, but now it has returned to its original state. We now propose to ligate the radial on either side of the swelling.

The artery was exposed and tied above and below the tumor, and the patient in two weeks discharged cured.

### Scalp Wound.

This man received an injury to the scalp, in consequence of being struck by a piece of ice, which has detached a considerable flap. The skin alone, is not often removed in these injuries to the scalp, for it is so firmly tied to the parts subjacent that it is scarcely ever dissected off; these flaps usually extend down to the subaponeurotic texture, which is very loose. In this case the periosteum is perfectly intact.

In wounds of the scalp it is not often necessary to apply a ligature; unless they occur upon the temporal region, or far back upon the occipital, there are no arteries of sufficient magnitude to justify or require ligation. The hair should always be clipped off, and then the head shaved for a considerable distance around the margin of the wound. All foreign matter should be carefully washed off by means of a stream of water squeezed from a sponge or thrown from a syringe. It is always to be regarded as bad surgery to introduce a suture into the scalp. Accurate approximation of the edges of the wound may be effected by thin lead ribbon or silk gauze, secured by collodion.

The hair was shaved off from around the wound, and the parts placed accurately in position, by means of several bands of silk gauze, the ends of which were painted down with collodion. Interspaces were left between the bands to allow of the escape of any accumulation. To-morrow the simplest dressing will be employed, warm water.

### Pepsin in the Vomiting of Pregnancy.

A number of French physicians declare the efficacy of pepsin in the vomiting of pregnancy. It should be given in the dose of 8 or 10 grains before eating. Hydrochloric acid is also recommended as equally efficient—30 to 60 drops to be taken daily, properly diluted. Strychnia, we think, is not inferior to either—the 20th to the 12th of a grain three times a day.—*Pacific Med. and Surg. Journal.*

—— The French Government, says *La Liberté*, has just ordered 800,000 waist-belts, each having attached to it a small medicine-box. The latter will contain whatever is necessary to give, in a rough way, a first dressing to a wound, or to relieve dysentery.

# Medical Societies.

## NEW YORK PATHOLOGICAL SOCIETY.

*Regular meeting, October 23d*, 1867.

Dr. Henry B. Sands *in the chair.*

Condensed from Phonographic notes, for the Medical and Surgical Reporter.

### Tumor of the Brain.

Dr. Clark presented a specimen which, he remarked, illustrated the uncertainty of diagnosis, in his experience at least. The patient from whom this specimen was taken, was supposed to be suffering frem neuralgia caused by malarious poison. The most prominent symptom in the case was intense pain in the left side of the head. The patient was a female, aged 23, a native of Wales; she was admitted to Bellevue Hospital July 25th, 1867, in an enfeebled anæmic condition. She had lived for some time previous in Charleston, S. C., and was there taken with miasmatic fever. She had never suffered from syphilitic disease. She had been recently discharged from the Charity Hospital of Charleston, where she had been treated for headache, from which she had suffered more or less for the last fifteen years. Her general health had been good until last Christmas, when she took cold. This was attended by considerable dyspnœa, and followed by night sweats. At the time of her admission to Bellevue, she complained of nothing but great weakness. The face was pale, the pulse somewhat accelerated. On examining the lungs there was found dulness of the right side. Auscultation revealed prolonged respiration and increase of vocal resonance. The heart indicated no signs of disease. The urine was normal. She was placed on tonic treatment, and after a short time she recovered sufficiently to be able to go out on pass. This improvement continued for three weeks. At the end of this time she was taken worse, and ptosis of the right eye, accompanied by ecchymosis, was observed. There was also, at this time, some tenderness over the supra-orbital region of the right side. The tongue could be protruded without deviation from the median line. Large doses of quinine and iron were then given, but failed to arrest the disease. She died on the 22d of October, 1867. Her death was sudden and unexpected. The circumstances attending her death are not known, as she was found dead in bed on the morning of the 22d. There was nothing in her condition the night before, to warrant the supposition that she was any worse than usual. During the latter part of her life the pulse was slow, being generally not more than sixty. The ptosis and ecchymosis of the right eye, was not observed until a day or two before death. The pupil of the same was contracted. The other eye was sound and responded readily to light. These symptoms occuring toward the latter part of the disease, called attention to the brain, and induced the Doctor to believe that the former diagnosis of miasmatic neuralgia was incorrect, and that a tumor of the brain might be present. This opinion was not

however expressed, until within a day or two before death. The diagnosis had been substantially miasmatic neuralgia, and on this the treatment by large doses of quinine had been adopted, as the sequel shows, without much relief. Her intellect was not disturbed during the course of the disease. She seemed perfectly rational in all respects, up to the time of death. The post-mortem examination was made to day. On removing the calvaria, a tumor of about the size of a hen's egg, was found near the posterior lobe of the cerebrum on the left side. It is imbedded in the substance of the brain, and appears attached to the dura mater, though not very firmly. There is general softening of the brain matter, but no particular softening near the tumor. There was no injection of any account in the region of the tumor except, perhaps, a little in the pia mater, not much more than natural. The lungs were found to be tuberculous. The heart was healthy. The aorta contained patches of atheroma near its junction with the heart. The tumor has not yet been examined microscopically, nor has the brain been laid open to discover whether there has been any internal lesion. The interesting points in the case are the sudden death of the patient, and the appearance of ptosis and ecchymosis of the eye. It is well known that death in cases of tumor of the brain is not usually sudden. Whether any relation existed between the condition of the eye connected with the tumor, is also a point of interest. Considerable discussion was elicited upon these points, the result being that while ptosis and ecchymosis might call attention to a *diseased condition* of the brain, it would not warrant a diagnosis of *tumor* of the brain. There is no anatomical relation between the seat of the tumor and the third pair, which would explain this phenomenon in the disease. Considerable speculation was also indulged in as to the nature of the tumor. Dr. Clark remarked that he believed it of course to be heterologous, and if it were firmly attached to the dura mater, the probabilities would be against its being tuberculous, as tuberculous growths almost always have their origin in the pia mater. The tumor will be examined, and its nature, so far as the microscope can determine, reported at the next meeting.

### Pregnancy after removal of Ovarian Tumor.

Dr. Cutter reported that the woman from whom he had taken an ovarian tumor, which was exhibited to the society last November, had made a rapid recovery, and on the 8th of this month had been delivered of a healthy female child. He also exhibited some serum, taken from the left ovary of a woman now pregnant. The whole quantity removed was about seventy pounds, or in the neighborhood of eight gallons. Dr. Cutter also presented a portion of the upper jaw upon which there was a growth, the nature of which had not been fully determined.

### Specimens Illustrating the Effects of Metallic Ligatures.

Dr. Howard presented three specimens, illustrating the effects after the ligation of arteries with metallic wire. Having had a case of axillary aneurism, in which mediate compression was impracticable, he thought no treatment short of ligation would be admissible. The condition of the artery would not allow of ligation in the ordinary manner by the silk ligature. Having some doubts as to the manner in which the metallic ligature should be applied, he had made some experiments upon sheep, in order to settle the question before operating. The first experiment was made upon a strong sheep. The carotid was laid bare, and ligated with silver wire. The ligature was *twisted very tightly*, the ends cut off as smooth as possible, so as to produce but little irritation, and the external wound closed, and the animal set at liberty. At the end of fifty-six days the artery was again exposed. The collateral circulation was found to be fully established. On dissecting carefully down to the point of ligature, the doctor was surprised to find what appeared to be a good sized aneurismal sac. He was still more surprised to find that this sac was an abscess occupying the space between the arterial plug and the point of ligature. The ligature itself was found lying on the centre of the abscess. A second sheep was then taken, and a *leaden* ligature, somewhat larger than the silver wire, applied. The ligature being larger, it was thought that it would not cut through the internal and middle coats of the artery. This ligature was not twisted, but drawn tightly, and fastened with a buck-shot, after the plan pursued in operations upon fistulæ. The artery was examined twenty-six days after the ligation. The hæmorrhage attending the vivisection was exceedingly great; and in making one of the incisions, the ligature with shot attached, appeared externally. A section of the artery was then removed. It is seen to be excessively enlarged by fibrinous deposit. The ligature did not ulcerate its way through the artery. The cardiac and distal plugs were well formed. In this interspace was what appeared to be an abscess containing about a drachm and a half of seropurulent fluid. These experiments convinced the doctor that the *kind* of ligature was perhaps not the only cause of these results, but much might depend upon the *degree of compression* exercised in the application.

A third sheep was now taken, and the artery *loosely tied* with a metallic wire, just as one would tie a silk ligature, only very loosely. The ends were cut off close, and turned down very carefully, in a direction parallel with the course of the ligature, so as to produce as litt'e mechanical irritation as possible. In tying the ligature, it was drawn just tight enough to stop the pulsation above, but it was thought that space enough was left for the passage of a *very small amount of blood beneath the point of ligation*. The idea was just to bring the coats of the artery in *contact*, and *no more*.

Twenty-six days after, the artery was examined. In cutting down very few signs of inflammation were discovered. The arterial plug was found to be more perfect than in either of the other cases. There was no abscess. There was just sufficient deposit to encyst the ligature. On making a section through the artery, a single drop of *something* appeared, which may have been pus. Dr. Rodgers, who examined it,

thought he detected one or two pus cells. This was the only evidence of anything like suppurative inflammation, which must have been exceedingly slight, if it took place at all. The doctor stated that he was as yet unwilling to make any deductions from these experiments, as he had several others of a similar nature in progress. Perhaps these few demonstrate that the silver wire does not always remain quietly in its place, and that it is not necessary to divide thee oats of an artery to produce occlusion, but only to bring them in apposition.

A very protracted discussion then followed upon the subject of ligatures in general. The great interest of Dr. HOWARD'S experiments was acknowledged by all; that he had elicited any facts particularly new was denied.

Dr. GOSSMAN, in the course of the discussion, related a case where he had applied the silver wire for aneurism of the carotid, in precisely the same way as related in the third sheep, viz., very loosely. The wire was tied in a reefer's knot, the ends cut off closely, and the points laid parallel with the ligature. The result was perfect success. The external wound healed by first intention, and the ligature became encysted. The operation was performed three months ago. Dr. GOSSMAN stated that he had entertained the idea for a number of years, and was glad that an opportunity occurred in which he had been able to demonstrate its correctness.

Dr. HAMILTON suggested that the doctor in some future experiment, instead of cutting off the wire, might bring them out of the wound, and observe the result.

Dr. MARKOE stated the whole matter very clearly, as follows: There are two distinct purposes involved in the application of ligatures. In one case a ligature is applied for the purpose of obliterating an artery, so as afterward to come away. In the second case, the object is to obliterate the artery, and allow the ligature to remain. In the first case, no matter what may be its material, it is applied tightly; and in the second case, it is drawn loosely.

Dr. PEASLEE ventured the novel doctrine, that a silk ligature applied under the same circumstances and in the same manner as silver, would be likely to become encysted. He remarked that silk occasionally did become encysted, while on the other hand, we have abundant proof that silver often produces suppuration.

These were the main points brought forward in the discussion, which we regret to say, was protracted to an unusual and unnecessary length to the exclusion of more valuable material. The whole matter seems to us to be sufficiently simple. Any ligature, it matters not what may be the material, if drawn *tightly*, is certain to be followed by a certain amount of suppurative inflammation, sufficient to allow the ligature to come away. The result depends not upon the material, but the amount of constriction.

The only advantage possessed by metallic ligatures, is their property of *non-absorption*. Other things being equal, the silk ligature would produce as little irritation as the metallic, if it were of a non-absorbent character; a fact that was strangely enough not referred to during the whole course of the discussion; and stranger still, overlooked by Dr. PEASLEE in his allusion to the encysting of the silk ligature, a circumstance theoretically impossible, and practically of extremely rare occurrence.

The members becoming a little weary, some one moved an adjournment. The motion was recalled, in order that Dr. RODGERS might present his report upon the case of Fallopian pregnancy, which had been brought to the notice of the Society some time before.

The lateness of the hour prevented the doctor from reading the whole of his report, a circumstance to be regretted, as it was prepared with great care, and was extremely interesting, on account of the fact that, in this case it appeared evident that the operation long ago proposed by doctor RODGERS in such cases, might here have been performed, and the woman's life probably saved. The symptoms, so far as known, indicating tubal pregnancy, were all present in this case, and all pointed to a state of things which could have been prevented from leading to a fatal result by operative interference. The Society then went into executive session. M.

# EDITORIAL DEPARTMENT.

## Periscope.

### The Therapeutics of Pulmonary Consumption.

Dr. HÉRARD, in his concluding clinical lecture on pulmonary consumption, at the Lariboisière Hospital, the Paris correspondent of the *British Medical Journal* says, made use of the following remarks on the therapeutics of that disease:

I do not intend to pass in review the numberless medicaments which have been vaunted as possessing the power of curing tuberculization of the lung. It is certain that we do not possess any specific; but I am convinced that a well regulated treatment, growing naturally from the ideas I propound on the nature and pathogenesis of pulmonary lesions, may give the patients considerable relief, prolong their days indefinitely, and even produce a cure.

The principal indications afforded by the therapeutics of pulmonary phthisis may be reduced to three.

1. The prevention of the development of miliary granulation. For this end our means are very limited. As I have already remarked, granulations proceed from a general condition, the very essence of which is unknown to us. We should, however, study two kinds of means—the curative and the preventive. Amongst the latter hygiene plays a principal part—both alimentary and respiratory hygiene. It has long been proved that a good alimentary regimen should be the entire treatment adopted in pulmonary phthisis. I quite concur in its great importance. A patient should have broiled or roasted meat, or raw meat in a palatable form, with a tonic draught of which alcohol forms the base, etc. But we must

not exaggerate the value of these agents, which, according to some writers, have produced veritable miracles. Sometimes this plan succeeds in reëstablishing the patients for a time, but they gradually become tired of the regimen; and it becomes so intolerable that it is perforce relinquished, only a fleeting amelioration having been obtained. Some other aliments produce good results; I mean milk and cod-liver oil, though the last is often classed as a medicine. M. Bouchardat has theoretically examined the fatty agents used in the treatment of phthisis. Clinical experience has led me to endorse his opinions. Milk and cod-liver oil probably act by the large quantity of fat which they introduce into the animal economy; the oil also containing a large quantity of iodine, which may have a salutary influence. I prefer the pale oil: the patient takes it more willingly, and can longer continue the use of it. In order to cover the disagreeable flavor of the oil, I frequently give it with cinchona wine. There are many other means, familiar to you, of producing the same result. The oil should be given before meals. As a rule, this is the best time to give all medicines—the fluids which flow into the stomach during the process of digestion rendering absorption more easy. The dose should not be too large; two to four spoonfuls daily are sufficient: but the administration must be long continued. It should be discontinued during great heat, as the dislike of invalids to fats then frequently becomes invincible.

In conjunction with alimentary hygiene, we find respiratory hygiene, which is composed of all the conditions constituting climate. The reason that this therapeutic agent does not obtain all the favor it merits, is that it is not used with the care and precaution needful to obtain good results. It is objected to those who recommend to consumptive patients removal to a warm climate, that phthisis is as common in warm, as in cold countries. The reason of this fact is, that climate, while exercising a primary influence, is not the only cause of pulmonary phthisis. In warm countries many persons are living in deplorable hygienic conditions. Besides, is there not a great difference between living constantly in a warm climate, or going during the winter to Mentonne, Cannes, Nice, etc., where the heat in the summer is debilitating? The choice of abode is also of great importance; it is not enough to say to the patient, as is frequently done, "Go to the South." For instance, Marseilles is a very bad dwelling-place. The mistral there causes variations of temperature most pernicious to phthisical patients. It is also necessary to indicate, that in the most favored localities precautions must be taken. As a rule, invalids should go out only in the middle of the day; and, as it is desirable to know the climate of the place in which one is residing, it is advisable to refer the patient to the local medical man. The value of sea-air has been much discussed. Laennec spoke highly of its beneficial influence. M. Rochard, on the contrary, believes that sea-air and sea-voyages are very injurious to phthisical persons. Doubtless, for sailors, whose labor is very hard, who are exposed to all the vicissitudes of the weather, and who are placed in the most deplorable hygienic conditions, sea-voyages are injurious; but if we prescribe a sea-voyage in a mild and sheltered latitude, the invalid being also well placed, in a hygienic point of view, a sea-voyage may produce very good results.

Some medicaments may directly attack the diathesis; but they all act as tonics or stimulants. I repeat, we posses no specific. Sulphur, for example, may be very useful, either in powder, or in the form of sulphurous water; but it must be administered with the greatest care. In cases where the symptoms are somewhat acute, it may produce congestion and hæmoptysis. Arsenic increases flesh and seems to lessen congestion of the lungs. Iodine, which has been misused, is nevertheless very useful, taken internally in small quantities, mixed with the food, or in the vegetables which contain it in varying proportion. M. Piorry highly praises iodine in inhalations; but this agent must only be used with the greatest precautions, for fear of producing too great excitement. Phosphorus has been by some physicians very erroneously considered as a specific. However, the hypophosphites of soda and lime, in doses of one or two grammes, may sometimes produce a favorable action. Sea-salt has been much vaunted by M. A. Latour. If given to goats, mixed with their usual food, it produces milk easy of digestion, and affording an excellent food for consumptive persons. This milk must be taken in the following manner. The patient drinks about a litre of it in the twenty-four hours, by mouthfuls, and the appetite for meals is not at all impaired.

Second indication. To combat the congestions and inflammations of the pulmonary parenchyma. We possess for this purpose really powerful agents. I rarely employ bleeding; and many physicians rebel against the ideas of Broussais, and never resort to it. I think they have gone too far. It is certain, that at the commencement of phthisis in plethoric subjects, when the symptoms are very acute, one may obtain good effects from the application of leeches or cupping, with scarification. The utility of tartar emetic has been recognized since the days of antiquity. With Laennec's views on the tuberculization of the lung, it would be impossible to explain to oneself the action of this medicament. But with the views which I maintain before you, and which consist in recognizing that tuberculosis is accompanied by true pneumonia, the action of antimonials is easily explained. The medicament justly and highly esteemed by MM. Monneret and Fonssagrives, ought to be employed in soothing doses. Digitalis has the same action; it is most useful in cases where phthisis is complicated with palpitation or hypertrophy of the heart, which encourages hæmoptysis.

The atmosphere of cow-houses, so strongly recommended by some physicians, appears to me to operate by maintaining a mild and moist atmosphere about the patient. In the same way, inhalations of watery vapors have been found useful. Trousseau had a room in his ward specially devoted to this purpose. His cases immediately experienced great relief, less heat in the

chest, and a diminution of the cough. I also attach great importance to the use of cutaneous counter-irritants, tincture of iodine, blisters, etc. I am persuaded that the cautery is very useful; it is a therapeutic agent from which I have obtained excellent results. When operating on females, who dislike the scars about the clavicles, I place them in the axilla. I cannot admit that there is any antagonism between anal affections, fistulas, etc., and pulmonary phthisis, as ARAN asserted. On the contrary, I think it advisable to combat them by every means in our power. Fistula of the anus is frequently incurable; but if there is a probability of cure, the operation should be performed. It is clear that the patient is thus relieved from one cause of exhaustion, of painful suffering, and indigestion.

Third indication. To combat local or general symptoms which become predominant, painful, or distressing to the patient.

To conclude: What is to be thought of the curability of pulmonary consumption? With the power of using many medicines, should the physician abandon the unhappy patient, under the pretext that there is nothing to be done? On the contrary, much may be done. Frequently the disease commences in one lung; and the previous employment of the means I have indicated to you may prevent its spreading to and invading the other organ. The lesions, tubercles, pneumonia (caseous), may pass into the cretaceous state. This is one method of cure; but even if the cavities are formed, they may retract themselves, become filled with chalky or gelatinous matter, or clothe themselves with a false membrane, and so result in an apparently complete cure. Finally, where the extent and gravity of the lesions leave the physician no hope, he must endeavor to afford the patient mental consolation. How many consumptive patients remain in ignorance of their sad condition to the last moment of their life, from the physician's assurance that they are only suffering from inflammation of the lungs!

### Compound Fractures.

A NEW METHOD OF TREATING COMPOUND FRACTURES has been adopted by Professor JOSEPH LISTER, of Glasgow, who, in a paper in the *Lancet*, describes the procedure and results in several instances. The vast difference in the mortality following simple and compound fractures is sufficiently apparent to every one, and that this difference depends upon the exclusion of the air from the tissues suffering the injury, in the one case, and its ready access in the other, is quite as well known. To what special element of the atmosphere is due the disorganization of the tissues subject to its influence, the investigations of M. PASTEUR have fully and convincingly determined. It is not to the oxygen or any of its gaseous constituents, but to minute germs of various low forms of life, whose action upon organic compounds is to resolve them into their elements. In beautiful illustration of this proposition is a case of pneumothorax, with emphysema resulting from puncture of the lung by a fractured rib. Here the air is admitted to the pleural cavity—to the wounded surface and the effused fluids, but no decomposition ensues, because it has been filtered of its germs of decomposition in its passage through the lungs. Not so when the air is admitted to the cavity through an external wound. Then follow all the serious consequences of the formation of pus in the pleural cavity. Having thus investigated the subject, Prof. LISTER endeavored to arrive at some means for placing open wounds in conditions similar to those existing in pneumothorax. The object sought, was, to prevent the contact of the septic germs, so that fluids effused after compound injuries could be absorbed, as they are in severe contusions or simple fractures. To this end he makes use of liquid carbolic acid, with which lint is saturated and laid over the wounded surface. The acid exercises a local sedative influence, its application is almost painless, and it forms a hard crust by admixture with blood. If necessary, the lint may be changed daily, otherwise it is best to allow it to remain for a length of time. Should the caustic properties be too great, it may be diluted. Under Prof. LISTON'S supervision, the best results have followed this treatment. Compound fractures have recovered almost as rapidly as simple ones, and in any case the wounds, upon removal of the carbolic acid dressings, have presented healthy granulating surfaces.—*Pacific Med. and Surg. Journal.*

### Death from Occlusion of the Ileo-cecal Valve by Calculi of Cholesterine.

Dr. G. P. ANDREWS, editor of the *Detroit Review*, publishes in that journal two cases of this rare form of obstruction. In the first, a gentleman 55 years of age, the attack was sudden, being ushered in by nausea and vomiting. Active cathartics and enemata had been freely used during the first two days, and prior to Dr. ANDREWS' attendance upon the case. No relief was experienced from their use. On the third day there was extreme exhaustion, frequent and violent retching, and constant pain in the region of the cecum. A diagnosis either of concealed hernia or occlusion of the ileo-cecal valve was made, other causes being excluded. Inflation of the bowel through the rectum was followed by the evacuation of a considerable quantity of feces, which gave some relief. But the air was observed not to reach further than the valve, and the respite was but brief. The patient died a little after midnight of the fourth day. At the autopsy, abundant adhesions of previous inflammation in the abdominal cavity were seen, but no evidences of recent inflammatory action presented themselves, except about the ileo-cecal valve. Within the intestine at this point, and occluding the valve, was a "biliary concretion an inch in breadth and five-eighths in thickness. Externally, it was friable, apparently made up of concentric layers of cholesterine, and probably excretine, abundantly stained with bile pigment. A central mass, comprising about one-half of the entire bulk, consisted of pure cholesterine, appearing like spermaceti, being totally soluble in boiling ether and crystallizing in the beautiful rhombic plates, so characteristic of this substance."

The second case was a woman 56 years old.

She passed through the usual course of a case of obstruction of the bowels. Stercoraceous vomiting, pain, absence of alvine evacuations, injections passed unchanged, gradual exhaustion and death, which latter took place upon the twelfth day. Upon post-mortem examination, a hard oblong body was found impacted in the small intestine, just above the ileo-cecal valve. It measured four and one-half, by three and three-eighths inches in circumference, and contained a central nucleus of cholesterine, though it was not so pure as in the previous case. After the relation of these cases, Dr. Andrews discusses the propriety of early operation, and strongly advises it, as experience proves that leaving such patients to the resources of nature is equivalent to signing their death warrants.—*Pacific Med. and Surg. Journal.*

### Propolis as a Remedy for Diarrhœas, Acute and Chronic.

Dr. H. O. Hitchcock, of Kalamazoo, Michigan, in a paper read before the Kalamazoo Valley Medical Association, and published in the *Chicago Medical Journal* for September, thus speaks of the virtues of Propolis, or bee-bread, in the treatment of Diarrhœa:

In my own experiments with it, it has proved one of the best and most reliable remedies I have used, in nearly all cases of simple mucous diarrhœa, even when violent, and accompanied by severe pains, vomiting, and collapse. In many cases a single dose has been all that was required. In several cases of diarrhœa in children it has acted like a charm. It appears to possess an anodyne and soporific property, and yet it does not cause constipation of the bowels, but brings them to a normal action at once.

In several cases of dysentery, when given early, it has appeared to have a marked effect in arresting the disease. But in cases where the disease had become established, and especially in those cases where malarious congestion of the mucous membrane characterized the disease, it has appeared nearly worthless.

I have prescribed it in several cases of chronic diarrhœas, in some of which the disease was contracted in camp. All of these patients have reported to me that the medicine "has acted like a charm," being far more efficacious than any other medicine they have ever used.

The propolis is a green resin of a dark-reddish, or yellowish brown color, of a glistening fracture, slightly conchoidal, of an aromatic taste and smell, entirely insoluble in water, and nearly so in ether, but readily soluble in alcohol and in liquor potassæ. At first I used the tincture, which is of a beautiful wine color.

The following is the formula by which I prepared it for use:

℞. Selected propolis, ℥ij.
Alcohol, f.℥iv.
Dissolve.

Dose for an adult, ½ to 1 teaspoonful in sweetened water; for a child, 5 to 20 or 30 drops, after each stool.

When the alcoholic solution is mixed with water or simple syrup, there is a copious deposit thrown down. The taste is pungently aromatic, but is not unpleasant even to children.

Lately I have used an alkaline solution as follows:

℞. Propolis, ℥ij.
Liq. potassæ, f.℥j.
Solve *et adde* aquæ, syrup. simp., āā f.℥ij.
Dose ½ teaspoonful after each stool.

The advantage of the alkaline solution is, that its admixture with water or simple syrup does not cause a deposit.

### Diabetes.—Still Another Theory.

In a letter from Mr. M. Carey Lea to the *American Journal of Medical Sciences*, a new theory of diabetes proposed by Mr. Claude Collas is referred to. It is, that diabetes depends upon an incapacity of the system to convert sugar into an insoluble modification. This incapacity he attributes to a deficiency of phosphates. He alludes to Claude Bernard's demonstration that sugar is formed in the system in health, and that this substance is necessary for nutrition. Also to the facts that substances required for the nutrition of our organs reach them in a soluble condition, and that the agent which renders them fixed is still unknown. This agent, so far as sugar is concerned, he thinks, is phosphate of lime, which has the property of converting sugar into the almost insoluble glucose, and that it precipitates and fixes the sugar in the organs. To prove this theory he adduces the following observations: During gestation there is unusual difficulty in healing fractures, owing to the appropriation of every particle of earthy phosphate to the fetus to form its bone, and at the same time there is a great tendency to glucosuria. Also, if a solution of ordinary diphosphate of soda in water containing carbonic acid is mixed with cane sugar and allowed to stand a fortnight, the solution will be found thick and viscous. He therefore recommends phosphates and phosphoric acid, and reprobates the regimen usually prescribed for diabetics, the forbidding them wheat bread. This privation is useless, is with difficulty endured by patients, deranges nutrition, and retards the cure. By parity of reasoning Mr. Lea thinks that the loss of albumen, in albuminuria, may be due to absence of fixing principles, such as the mineral acids, alkaline nitrates, etc., which coagulate albumen.—*Pacific Medical and Sur. Journal.*

### Treatment of Nasal Polypus.

Mr. Thos. Bryant, of Guy's Hospital, communicates to the *Lancet* a method of treating mucous polypus of the nose, which in his experience has proved very efficient. He was induced to make experiments in this matter in consequence of the ill success of even the best method in use, viz., forcible removal of the polypus, either with the forceps or wire noose. The first patient was a woman thirty-two years of age, affected with polypi of both nostrils for several years, for which she had been obliged to seek relief about every three months. Her nostrils were very small, promising much difficulty in the case of

an operation. After an unsuccessful trial of astringent injections, insufflation of tannin was ordered, the tannin to be used as snuff, or blown up the nostrils by means of a quill. In one month all signs of the disease had disappeared, and during the three following years there was no return. Five additional cases are reported, all of several years' standing, and all equally benefited by the tannin.—*Pacific Med. and Surg. Journal.*

### The Gas-Cautery of Nélaton.

In the *British Medical Journal* of Aug. 10th, Mr. Holmes Coote, of London, calls attention to the advantages gained by the use of the gas-cautery in cancerous ulcerations of the skin. He says:

The gas-cautery possesses these advantages: it chars the surfaces acted on to any amount, and the pain soon subsides when the flame is removed; unlike the action of the Vienna paste, chloride of zinc, etc., the action is very speedy, and seems to exert a marked influence in arresting the progress of the cancerous ulceration; the destruction of the cancerous surface is followed, after each application, by a most marked contraction and diminution of size, and this contraction seems the first stage toward recovery.

The use of the gas-flame is best where a general and powerful effect is required. Mr. Bruce's platinum point is best where a limited and delicate application of the cautery is indicated, such as in operations about the eyelids.

# Reviews and Book Notices.

**Diphtheria as it Prevailed in the United States from 1860 to 1866, preceded by an Historical Account of its Phenomena, its Nature, and Homœopathic Treatment. By C. Neidhard, M. D. New York: Wm. Radde. 1867. 1 vol., 8vo., cloth, pp. 176.**

The author gives a very careful description of the disease from many domestic and foreign sources, relying especially on Dr. Greenhow's treatise. In the treatment we observe an obvious preference for the "lower potencies," on the part of the author, which, so far as it goes, is a step in the right direction. He candidly confesses that when it came to the 10,000th or the 50,000th dilution, his courage failed him. As a monograph, this is one of the best we have seen from the homœopathic school. But why does a writer, so intelligent and so honest as Dr. Neidhard, insist on calling us "allopaths?" He must know that in treatment, no living physician of our way of thinking administers medicine on the principle of *contraria contrariis*, but is solely guided by the results of experience without reference to any theory whatever. A regard for truth on this point would elevate much in our opinion those who think differently from us.

**Transactions of the Twenty-second Annual Meeting of the Ohio State Medical Society, held at Yellow Springs, Ohio, June 11th and 12th, 1867. Cincinnati. 1867. Pp. 82.**

Besides the minutes of the meeting, this pamphlet contains the valedictory of the retiring President, Dr. J. W. Hamilton, in which he reviews the legislation which had been attempted from time to time, to regulate the medical profession in the State; a report on the Incurable Insane, displaying a sad state of affairs, and plenty of room for philanthropists; Remarks on Medical Ethics, by Dr. G. M. Maris, short and sensible; and an article on the Treatment of Cholera, by Dr. John Davis. The latter claims great success in this disease, the mortality of his cases being but 12 per cent. He gave no opium, camphor, or alcoholic stimulant, but depended on mercurials, (calomel, blue mass,) astringents, (tannin,) and vegetable stimuli. (piperine, capsicum.) The volume closes with several obituaries.

**A Practical Treatise on Shock after Surgical Operations and Injuries, with especial reference to Shock after Railway Accidents By Edwin Morris, M. D., F. R. C. S., etc. Philadelphia: Lippincott & Co. 1868. 1 vol., 12mo., cloth, pp. 89.**

This is a well written, useful little treatise on a point in surgery of which we often hear, and often without very distinct notions of its exact nature. That portion of it relating more particularly to shock after railway injuries, has been composed with the view of assisting medical men to detect the simulation of injuries by persons anxious to recover damages for pretended accidents. The volume is handsomely bound, and printed on fine paper, and is every way creditable to the house which issues it.

### Just the Difference.

Sir James Simpson, in closing his address at the British Social Science Congress said: "The lancet of Jenner has saved more lives than the sword of Napoleon destroyed. If a man slaughtered 50,000 of his fellow-creatures, he was made a Marquis; 100,000, a Duke; and for saving 30,000,000 every twenty-five years, Jenner, was rewarded £30,000. He had, no doubt, had a statue erected to him in Trafalgar-square, but it had been taken down to make way for a statue of one of the fighting Napiers. Where it was now, he (Sir James Simpson) did not know, but he hoped that the Reformed Parliament would do justice to his name."

Medical and Surgical Reporter.

PHILADELPHIA, NOVEMBER 2, 1867.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

## NOTICE TO SUBSCRIBERS.

From the 1st of January, 1868, we shall strictly enforce again, our old rule requiring payment in advance. For reasons given some years since, pre-payment has not been insisted upon—but the circumstances of the country are now such that we feel warranted in again requiring it.

☞ Those who have not yet paid for the current year, will please remit immediately. There are several thousand dollars due on current subscriptions, which must be paid soon to insure a continuance of the Reporter to the delinquents. The amounts are insignificant to subscribers, but the aggregate is large enough to be embarrassing to us.

## TO OUR CITY SUBSCRIBERS.

☞ *Those of our City Subscribers who hold the receipt of* R. H. Lindsay *for money, will confer a favor by notifying us at once.* Mr. Joseph H. Swain *is the only person authorized to collect subscriptions in this city.*

## CONSULTATIONS with HOMŒOPATHISTS.

The articles which have appeared in the New York papers lately on this topic, forcibly illustrate how little the public understand the motives which induce medical societies to oppose such a practice. One journal, which is always loud in its claims to liberality and fairness, tells us we do not understand our position, that such opposition is *unphilosophical.* Let us see how this charge stands.

If Mr. Field, when he wished to lay the Atlantic cable, had called to his aid the spiritual media who claim to be able to move matter without human agency, and asked their advice and assistance in the matter, would he have been a philosopher or a fool? If the surgeons in India were to solicit in their cases the powers of the school of native doctors, who cure exclusively by charms and amulets—the Saat, we believe they are called—would they be acting in an eminently philosophical manner? Yet these latter unquestionably are well educated, and tolerably successful; and very intelligent and honest folks have implicit faith in "physical manifestations." To act philosophically, is simply to act in accordance with common sense. There would be no sense nor honesty either in advising with a person as to hanging a charm around the neck of a man, when we believe it will have no effect at all; or if any, merely through his faith in it. To do so, would be to encourage an error or a deceit.

Just so with the infinitesimal doses. We firmly believe they are all inert. To consult, therefore, which of them to give, is hypocrisy or knavery; no moderately honest man would do it; one who is openly dishonest, has no business in a reputable medical society. If any believe the doses are not inert, and yet cannot subscribe to the "Law of the Similars," such consultations are equally vain, and equally unphilosophical. The wonder is, why any can be found in either camp to court such foolish and aimless interviews.

## INFERTILITY IN MARRIAGE.

Under the title, "The Other Side of the Question," a late number of the *Nation* reviews at some length, Dr. Nathan Allen's paper on the "woman question," or rather "children question," read not long since before the Social Science Association, and referred to in the Reporter. The review brings into more distinct light some theories and facts, which physicians in their eager zeal to throw all possible odium on the habit of criminal abortion, and in their attempts to estimate the prevalence of this vice, have not sufficiently borne in mind.

The problem is far more complex than may at first sight be supposed, and no doubt can exist but that those who have imputed the less proportionate number of births in native marriages, either wholly or chiefly to induced abortion, err widely. The registrar of Boston, Mr. Apollonio, in his recent annual report, justly ascribed a large share of this infertility to the more provident and cautious character of the native American, who rarely marries until he "sees his way clear" to support wife and family, and hence defers his hymeneal plans until an advanced period of life, not favorable to fecundity. The foreigner on the other hand, usually poor, having no care for the future, or seeing in a numerous family so many more assistants in his labors, marries earlier and begets more rapidly. Barrenness, moreover, is less common among women who are workers, and whose frames are large and active, than among thinkers, who have been nurtured in comparative luxury. It is a general law of population that where there are most material comfort, most mental culture, the best civil and social life, in that class or nation, no matter how virtuous nor how much in favor of early marriage, there population is stationary or nearly so. Sismondi was so impressed by this fact that he lays it down as a maxim of sociology, that "where the

number of marriages is proportionably the greatest, where the greatest number of persons participate in the duties and the virtues and the happiness of marriage, *the smaller number of children does each marriage produce.*"

Thus in a certain sense does nature herself endorse the position of such political economists as MALTHUS and MILL, who maintain that an increase of population beyond a certain limit is an evil to be deplored, and who find in wars, famine, and pestilence, the necessary relief of plethoric nationalities. It might plausibly be argued that the increasing dislike among American women to become mothers of large families is but another effort of the *vis naturæ* to prevent an undue increase of population, an effort which like a hundred other promptings is lost on the grosser natures of the lower classes. Whatever the reason, such a dislike is very prevalent. It will not be ignored, nor will it be stopped or even materially checked by such books as Dr. STORER'S, notwithstanding that in his own modest opinion, expressed in his last, they "sound a trump to wake the dead." Women are more and more becoming of the opinion that, to quote the expression of a medical speaker in Massachusetts, if they have any right at all, it is to determine how many children they shall bear. They claim that to spend twenty or twenty-five years of their life in child-breeding and child-suckling without intermission, and that to ruin their health and entail upon themselves life-long miseries, because their husbands do not choose to control their passions, are not their bounden duties.

However far this may be from the position of their grandmothers, it is not without arguments in its favor, as the latter is not itself above criticism. As the article in the *Nation* justly observes:

"The old code which made fertility a woman's greatest glory, had also unquestionably, with much that was attractive and ennobling, vices of its own. It produced that perhaps greatest of vices and curses of society, the indifference of parents to the education and fate of the children they had brought into the world, the feeling so widely spread that when a father had provided them with tolerable food and clothing, he had discharged his whole duty to them. It provided, too, that other doctrine which has, we think fairer claims to be called a "doctrine of the devils" than any other we know of, which has condemned more human beings to misery than any other error—the doctrine that it is allowable and even praiseworthy for people to become parents simply and solely for their own gratification or enjoyment, for the amusement of their youth or the solace of their old age."

Nothing can palliate the crime of feticide. But were it not well in discussing these much vexed questions not to magnify that crime unduly, to recognize that the infertility of marriage depends on many factors, that under certain circumstances it is a natural law, that the highest object of woman's life always is something besides, perhaps occasionally something inconsistent with constant child-bearing, and finally that the aversion to large families on the part of mothers is a fact of our age and country not likely to be suppressed by virtuous little tracts with "taking" titles, but to be met and studied as a fact in all its bearings, and to be approved, limited, or discountenanced by our profession, according to the results of the study.

# Notes and Comments.

### Cholera at the Navy Yard in this City.

Last week true Asiatic cholera of a very malignant type, suddenly appeared at the Navy Yard in this city. We will procure all the facts concerning the disease and report them hereafter.

Up to Saturday last there had been 27 deaths. On that day Surgeon LOWBER, U. S. N., in charge of the Hospital Ship *Sassacus*, reported 23 patients, most of whom were convalescent.

### The Cholera at Quebec.

The *Himalaya*, a troop-ship recently arrived at Quebec from Malta, having had cholera cases on board. Through the exertions of Dr. MARSDEN it was immediately ordered into quarantine at Grosse Isle, and the bedding, linen, etc., fumigated and cleansed there. In this way, we doubt not Quebec escaped a visitation of cholera.

We very much fear that our authorities are not sufficiently alive to the importance of isolating the cases now on board the *Sassacus* at the Navy Yard, entirely too near our city.

### The Medical Society of West Virginia.

This society held its first semi-annual session at Wheeling, October 2d and 3d. There was a fair representation of the profession of the State, who were welcomed in a brief address by Dr. JOHN C. HUPP, chairman of the Committee of Arrangements. The President, Dr. JOHN FRISSELLE of Wheeling, gave a lengthy and very interesting address on the History and Progress of Medicine. Several papers on important subjects were presented and read, and addresses made by several of the members. The next, which will be the annual meeting, is to be held at Grafton.

This seems to have been a busy, profitable meeting, and we trust it will be followed by many more such.

### Births and Deaths in Great Britain.

The Return of the Registrar General of England for the last quarter, shows a saving of 33,000 lives in the towns alone, the deaths having been but 21 in the 1000—below the quarterly average—and three less in the 1000, than for the same quarter of last year. The death-rate is lower than it has been in the same season for ten years past.

The birth-rate during the same quarter was the highest on record. The number of births was 87,126.

### The New York Academy of Medicine, and Hoff's Malt Extract.

After the display of so much amiability as to appoint a committee to report on the merits of Hoff's Malt Extract, the New York Academy of Medicine should have been satisfied with its formal refusal to adopt the report of the majority of the committee, and not have re-opened the subject as it did at a recent meeting, thereby giving Hoff another excellent opportunity to advertise his beer at the expense of the Academy.

When we first saw this article, we hoped that we had at last found a pure and reliable malt liquor, that could be used with satisfaction as a medicine, but it has not met our expectations.

☞ Dr. Mong-Shaw-Loo, a native of India, who has been in this country nearly ten years, obtaining an education, and is now a graduate of Lewisburg College, Pa., and of a Medical College in Cleveland, Ohio, where he was a student of Dr. Gustav C. E. Weber, is about returning to his native land. Any of our readers who have books or surgical instruments or apparatus that they can dispense with, would do a worthy act to a worthy man by forwarding them to this office. Dr. Mong-Shaw-Loo will need them in imparting instruction to others in India, where the field is extensive and the laborers are few.

### Surgical Curiosities.

Dr. Scoutetten, at the last meeting of the Paris Academy of Medicine, exhibited lithographic plates of various sorts of probangs and speculums found in the ruins of Herculaneum and Pompeii, and a photograph of a mural painting from Pompeii, representing a surgical operation performed on Eneas during the siege of Troy.

# Correspondence.

## DOMESTIC.

Editors Med. and Surg. Reporter:

Not being a reader of your journal, a friend has sent me the short *critique* which appeared in your issue of October 5th, on my essay on the cause of intermittent and remittent fevers, published in the Transactions of the American Medical Association for this year. I do not aim, or desire to provoke any controversy with reviewers who object to my mode of presenting the subject, or who may differ from my conclusions. This is their legitimate sphere. But I do claim, that as members of an honorable scientific body, they have no right, or excuse, to misrepresent, intentionally, or carelessly, the views of writers upon whom they exercise their art. Whether one or the other has been done in this instance, I leave your readers to judge, after I have, with your permission, set forth the point at issue as it appears in my essay, with that of my learned reviewer, as it appears in your pages.

In the essay, the law of causation of periodical fevers is as follows:

"With a summer mean of sixty degrees, and upwards, the greater the diurnal oscillations of temperature, the greater, *cæteris paribus*, will be the prevalence of autumnal fevers; and with the increase of the mean is the increased susceptibility to fluctuations; the higher the mean the smaller, comparatively, the oscillation requisite to produce the morbid phenomena, and the more intense their character."

After this follows the remark, which is the sole foundation for the assertion of the critic, that moisture is "a factor, on which is laid quite as much weight as on the other"—"It is proper here to remember that the untoward effects from depressions of temperature, are greatly increased by a large amount of atmospheric moisture, as that, without some idea of the quantity of this element at a given place, an array of figures would convey a very erroneous impression. The only available means to give this expression is in the monthly average of rains." Now in thus giving expression to the familiar fact that changes of temperature are more injurious when the atmosphere is damp than when dry, the learned reviewer distorts it first, into my declaring it to be one of the factors of the assumed law; and second, that I made the very elementary blunder of taking the rain-fall as an exact index of atmospheric moisture; thus,

"With a summer mean temperature of 60° F. and upwards, the greater the diurnal oscillations

of temperature, the greater the prevalence of autumnal fevers; the higher the mean, the smaller the oscillation to produce the morbid phenomena, and the more intense their character. The untoward effects are greatly increased by a large amount of atmospheric moisture.

"On this latter factor the author lays quite as much weight as on the other. Yet with a singular obliquity to meteoric laws, he states that in the statistics brought forward to support his theory he has used as its equivalent the rain-fall!"

In the army meteorological register for the places and years referred to in my essay, no hygrometrical observations are recorded, hence, to give *some idea* of this element at a given place, the only *available* means was in the rain-fall; unfitted as it is, to express the nicer gradations of atmospheric moisture. However, the smaller variations of atmospheric moisture do not exercise any marked influence on the unhealthful results of heat vicissitudes. But when, for example, the climates of California and Florida come to be contrasted in this respect during the summer months, we have an extreme of aridity and of humidity, resulting in the diurnal oscillations of one being very dry, and the other very moist; the latter of course being relatively by far the most deleterious. Will the reviewer pretend to assert that the rain-fall in each of those places during the summer, does not give *some idea*, and a very correct one too, of their atmospheric humidity? If he does, I beg to refer him for further information to the army meteorological register, and the records of the Smithsonian Institute. As for attempting to explain the relative unhealthfulness of the two places adduced by him, only fifteen miles apart, "by a material change in the moisture," it is simply absurd. It is his idea, not mine. In conclusion, for his special information, I may say that I will be happy to send him a true copy of a carefully recorded daily register of observations upon the thermometer, kept during the past summer at two places, *only one and a half miles apart*, which shows, that in a valley, there is upon an average within a fraction of 10° of a greater fluctuation of heat, every clear day, than upon the more elevated adjoining lands. Has this no influence upon health? J. R. Black, M.D.

*Newark, Ohio, October* 17, 1867.

[The question between Dr. Black and his reviewer is whether the monthly rain-fall *is* an available expression of atmospheric moisture, whether it gives or not, *some correct idea* of the hygrometrical variations. If it does not, then by his own statement his figures "convey a very erroneous impression;" in other words, his theory is insufficiently supported. The review states that the rain-fall "is no sort of test" of the hygrometric variations, that it gives *no* correct idea of them on a large scale. This is an elementary law in meteorology. Mountain ranges add enormously to the rain-fall, while they decrease the atmospheric humidity, (Morris, *Treatise on Meteorology*, p. 49). Parts of Peru and Egypt never know rain, though the air is constantly nearly saturated. At Loch Katrine, 100 inches of rain-fall, annually, at Perth but 20. St. Petersburg with but 17 inches of rain a year, has 180 rainy days; Rome with 29 inches of rain, but 120 wet days, (Muller, *Meteorology*, p. 600). There is *no* known relation between the markings of the hygrometer and rain-guage. Dr. Black is wrong in saying, that the review declared that he took the rain-fall as an *exact* index of the moisture; it simply says "as an equivalent." But even this vitiates his theory. Is Dr. Black unaware that the greater the difference between the day's maximum and the night's minimum temperature, the greater is the dryness of the climate? That the atmospheric moisture is *always greater*, the *less* the diurnal thermometrical oscillations? That in fact the causative influence he alleges are self-contradictory? It is useless to discuss the correctness of the applications of a theory whose substructure is so far from proven as this.—Eds.]

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### Chronic Diarrhœa.

Editors Medical and Surgical Reporter:

One year ago, last June, an entire family, consisting of four members, was seized, in the same week, with diarrhœa, without any assignable cause. Diarrhœa was not at all prevalent in the community at the time. Nothing unusual presented in the symptoms, and the patients were treated in the usual way for several weeks, without deriving any advantage from the treatment, more than temporary relief. Calomel and blue mass, varied with opium and Dover's powder, were made use of, followed by castor oil, and castor oil and laudanum. A powder of opium, hydr. cum creta, and camphor, after each stool, was persevered in for some time, but without avail, The mineral and vegetable astringents, both alone and in combination with opiates, and alternating with cathartics, all were used without success. Injections of cold water proved inert, and injections of alum in solution appeared to increase the difficulty. The character of the stools gradually changed from fecal to watery, mucous, and finally to discharges of muco-pus

and blood; at this stage it became fixed, chronic—and has continued so for more than a year—the disease evidently involving a lesion of the lower bowel, as the discharges (often half a pint at a time) consist in nothing but muco-pus and blood, while there are, occasionally, other passages of pure feces, sometimes coated, and sometimes not coated on the outside with this muco-purulent, bloody discharge. The patients are not troubled at night, but the moment of rising is accompanied with a profuse discharge. Appetite and strength remain good, considering the drain; for the abnormal passages occur from five to ten times a day. Last spring the family removed to a different locality, changing air, water, diet, and habits of life, without making any change upon the disease. The patients are not all affected in the same degree. The mother has periods of entire immunity for a month or more at a time, while the son never has any abatement of the symptoms. The daughter is afflicted occasionally, and the father most of the time. Their present occupation is farming. For some time past they have been doing but little or nothing to remove the disease.

Now we would like to do something for the relief of our patients. Will the editors of the Reporter give us an opinion, and suggest something? Has any reader of the Reporter met with a similar case? If so, will he favor us with a history of his treatment and success? We await a reply. Ira D. Canfield, M. D.

*Lock Haven, Pa., Oct.* 21, 1867.

[The suspicion at once arises, that this family was poisoned, either intentionally, or by water conveyed through lead-pipes, by emanation of irritating substances from wall paper, paint, or other articles, or by persistent improprieties of diet. Once established, the diarrhœa would persist after the exciting cause was removed.—Eds.]

# News and Miscellany.

### Mortality in New Orleans.

The following, which we cut from the *Providence Journal*, was, we doubt not, compiled for that paper by Dr. E. M. Snow, the very efficient health officer of that city. The statistics are drawn from the official reports of the Board of Health of New Orleans.

The characteristics of the mortality in New Orleans, as shown in these reports, are in many respects so different from those of similar reports in northern cities, and so different from the general opinion in relation to them, that it may be interesting, even to the general reader, to examine them.

Some of the most important items in the mortality of New Orleans, during the months of August and September, and during the first week of October, are as follows:

| | Aug. | Sept. | 1st w'k in Oct. | Tot'l. |
|---|---|---|---|---|
| Whole number of deaths... | 1039 | 2498 | 676 | 4213 |
| *Sex.* | | | | |
| Males | 646 | 1708 | 459 | 2813 |
| Females | 354 | 731 | 198 | 1283 |
| Sex not stated | 39 | 59 | 19 | 117 |
| *Color.* | | | | |
| Whites | 794 | 2193 | 600 | 3587 |
| Blacks | 142 | 126 | 36 | 304 |
| Color not stated | 53 | 111 | 19 | 183 |
| *Ages.* | | | | |
| Under 5 years | 305 | 449 | 131 | 884 |
| 5 and under 20 | 97 | 401 | 127 | 625 |
| 20 and under 50 | 482 | 1381 | 354 | 2217 |
| 50 and over | 101 | 162 | 41 | 304 |
| Unknown | 55 | 105 | 28 | 183 |
| *Causes of Death.* | | | | |
| Cholera | 39 | 15 | 10 | 64 |
| Cholera Infantum | 12 | 5 | 0 | 17 |
| Cholera Morbus | 5 | 4 | 1 | 10 |
| Consumption | 53 | 64 | 15 | 132 |
| Diarrhœa | 22 | 25 | 5 | 52 |
| Dysentery | 29 | 11 | 3 | 43 |
| Fever, Yellow | 255 | 1637 | 431 | 2323 |
| " Bilious | 6 | 15 | 5 | 26 |
| " Congestive | 55 | 58 | 23 | 426 |
| " Pernicious | 47 | 90 | 22 | 158 |
| " Remittent | 25 | 27 | 10 | 62 |
| " Typhoid | 17 | 20 | 6 | 43 |
| " (Other kinds) | 16 | 34 | 5 | 55 |
| Lockjaw | 19 | 21 | 5 | 45 |
| Tris. Nascentium | 20 | 24 | 8 | 52 |

The period included in the foregoing figures is sixty-seven days, from Aug. 1st to October 6th, 1867. It will be noticed that there was a constant increase of mortality up to the latest date. In August, the average number of deaths was 38 daily; in September, 83; and in the first week in October, it was 97 daily. The increase in the total mortality corresponded with the progress of the epidemic; the daily number of deaths from yellow fever being 8 in August, 54 in September, and 62 in the first week of the present month.

The character of the decedents in New Orleans differs remarkably from that of the decedents in northern cities, during the same period, in the extremely small per centage of females, of blacks, and of children under five years of age.

Of all the decedents in New Orleans, only about 31 in each 100 were females, and 69 were males, or more than two males to one female. In northern cities, among the decedents, the number of males and females is nearly equal, or with an excess of females.

Only 11 in each 100 of the decedents in New Orleans were colored. We have no exact information in relation to the proportion of colored to the total population in New Orleans at the present time; but there can be no doubt that the proportion of the colored among the living is far greater than among the decedents.

Deducting the still-born, only 19 in each 100 of the decedents in New Orleans were under 5 years of age; while in northern cities, at the same time, from 50 to 60, or more, in each 100 were under 5. At the same time, in New Orleans, 57 in every 100 of the decedents were in

the prime of life, or between 20 and 50 years of age.

It is evident that, during the period named, the yellow fever decided the general characteristics of the mortality in New Orleans, and the character of the decedents. If this be true, it would seem that females, colored persons, and children are in a considerable degree exempt from yellow fever.

In connection with the causes of death, the exemption of New Orleans from cholera infantum, and other diseases of the digestive organs, during the months of August and September, seems remarkable. Only 17 deaths from cholera infantum, and less than 200 from all diseases of that class, in a total of more than 4000 deaths. The deaths from cholera are significant, at the present time, and will furnish the occasion for further remarks at another time.

The percentage of deaths from consumption, in New Orleans, is extremely small and insignificant, as compared with that of northern cities.

But the large mortality from yellow fever in New Orleans attracts our attention. More than 55 in every hundred of the deaths were caused by this disease. More than this; besides the 2,323 deaths from yellow fever, there were 481 deaths from other kinds of fevers, the greater portion of which was probably dependent in some degree, upon the epidemic causes of yellow fever.

There were almost 100 deaths in New Orleans, in 67 days, from trismus nascentium, (including lockjaw.) This is a disease almost unknown in this climate. It is lockjaw in new-born children; is probably caused by heat; proves fatal to many children in southern cities in the first week of life; and is more prevalent among colored than among white children.

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### New Methods of Preparing Anatomical Specimens.

We have heretofore spoken of Brunetti's method of preparing anatomical specimens. Will not some of our medical schools prepare some on this plan? Brunetti received a gold medal at the Universal Exposition for his discovery. The *British Medical Journal* thus describes and speaks of it, and of Von Vetter's plan:

"Very great interest, almost amounting to enthusiasm, has been excited amongst anatomists and pathologists by the admirably preserved dry preparations of Professor Brunetti, of Padua, displayed at the Paris Exposition. In the specimens thus preserved, microscopic forms and topographical relations of parts are preserved; they retain their lightness, and a good deal of their suppleness, (they are stiff, but not brittle or immovable); they may be handled without fear, and can be preserved for an indefinite time. Dry, clean, and light, they are readily capable of transmission; and sections of specimens can be forwarded from one observer to another with great facility. M. Brunetti described to the Congress of Paris the method by which he attains these results. It includes various stages: 1. *Washing*, which is done by injections of pure water into the vessels and excretory canals. Thus are withdrawn the blood and other fluids, which escape by a separate issue, accordingly as the injection is made into the arteries, the veins, or the secretory canals. Alcohol is then injected, to complete the removal of the water which has been left in the vessels. This injection is intended to prevent the putrefaction which would result from the presence of water in the tissues, and to prepare the way for other substances possessing the power of arresting putrid decomposition. It is known that tannin enjoys this property in an eminent degree, in respect to all the tissues except fat. 2. The removal of the fat must, therefore, precede the tanning. It is practised by the aid of sulphuric ether. The duration of this operation varies from two to ten hours. The ether is injected through the vessels into the substance of the tissues, which it frees from their fat. 3. The *tanning*, or preparation by tannin, is performed after the ether has been removed by repeated washing. The tannin is dissolved in boiling distilled water, and the solution is injected into the arteries, the veins, and the excretory canals. 4. The drying is effected with heated air, and dried by the aid of chloride of calcium. This air not only surrounds the external parts; it penetrates to the interior of the tissues by means of an appropriate forcing pump, which carries even into the primitive histological elements a continuous current of air compressed by a pressure of several atmospheres. The air reaches the utmost extremities of the capillary vessels, traverses their walls, penetrates all the cavities, insinuates itself into all the interstices, driving before it all the fluids which it replaces. Thanks to it, the vessels preserve their normal state of dilatation, as if they were still traversed by fluids. M. Brunetti's preparations have been among the most interesting objects at the Exhibition; and he has shown great public spirit in describing openly all the processes by which they are obtained.

"The following process of M. Von Vetter, for the preservation of anatomical specimens, has also been recently published, and is said to yield excellent results: Add to seven parts of glycerine at 22°o ne part of raw brown sugar and half a part of nitre, till a small deposit is formed at the bottom of the vessel. The portion required to be preserved is then plunged, dried or not dried, and is left in the mixture for a time proportional to its dimensions; a hand, for example, should remain eight days in the liquid; when it is taken out, and is as stiff as a piece of wood, but if it be suspended in a dry and warm place, the muscles and articulation recover their suppleness."

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### Surgical Novelties.

Few questions at this moment are so decidedly the "order of the day" as the treatment of surgical wounds. Sir James Simpson's method of acupressure, and Mr. Lister's treatment of sealing with carbolic acid, are the two most important novelties; and the papers which, during the last three weeks, have been published in this Journal, give the last words of the authors of the two procedures. The letter of the accomplished

French physician, who favors us with correspondence from Paris, adds to the information a brief *resumé* of the methods most favored in the French hospitals. The alcoholic dressings of M. Batailhé are, perhaps, hardly sufficiently known in this country. M. Maisonneuve is employing carbolic acid dressings, *à vide*—under a vacuum. The perchloride dressings of M. Bourgade won for him the gold medal of the Paris Congress. Mr. Lister's carbolic acid dressings will, of course, be tried in this metropolis; and it is to be hoped that the minute precautions which he employs will be carefully followed. We have heard of three cases in which these dressings were applied after operation at one of the London hospitals; and in each case sloughing and suppuration occurred on the surface to which they were applied. In one of the cases it will be necessary to perform a secondary operation of resection of the protruding bone; and in another abscesses formed up the limb, and have had to be opened. In the same hospital a case in which acupressure was employed, has ended fatally by pyæmia.—*Brit. Med. Journal.*

### New York County Medical Society.

At the 66th adjourned anniversary meeting on the evening of October 17th. About 200 members were present, with invited guests. On retiring from the chair Dr. T. T. Hubbard, the President, in a short but pithy speech, reviewed the work of the Society since its last annual meeting, congratulating the members on its continued prosperity, and predicting for it a still more useful future. This is the parent medical organization in the country, and, with one exception—that of the American Medical Association—the largest. The number of active members a year ago was 211, and 43 have been added during the year, making in all 244. Many other members are residing out of the city. The officers for the ensuing year are: President, E. R. Peaslee; Vice-President, James Kennedy; Secretary, E. Eliot; Treasurer, W. B. Bibbins. Invited guests, Dr. W. Reese, President of the Kings County Medical Society, and Dr. C. L. Mitchell, a delegate from the same. Dr. Edmund S. Arnold, President of the Westchester County Medical Society, accompanied by Drs. P. Stewart and J. Foster, also of Westchester, and Dr. E. Parmly, President of the College of Dentistry, were introduced to the members. After the reading of a letter from Mayor Hoffman, who is an honorary member of the organization, excusing his absence on account of his sister's illness at Pass Christian, the society adjourned to the Hall, where several hours were spent in banqueting. The walls of the hall, as well as the tables, were tastefully decorated, and the music of a good band helped to enliven the meeting.

### Fish Biscuit.

Professor Rosing, of Asa, France, has invented a process of making flour from a species of seafish, which he forms into biscuit, thereby providing a very nutritious and compact article of food. These biscuit are four times as rich in albuminoid substances as beef, four and a half times as fresh codfish, and sixteen times as fresh milk.

### Academy of Medicine—A Member Suspended for Consulting with a Homœopath.

At a regular meeting of the New York Academy of Medicine, in the small chapel of the University, held October 16th, Dr. Post in the chair, a report submitted by the Committee on Ethics, on charges preferred against Dr. Augustus K. Gardner, that he had violated the rules of the Academy, in repeatedly holding consultations with Dr. Edward G. Bartlett, a homœopathic physician, was considered. The report, after repeating the charges, which are brought by Dr. Ellsworth Elliott, and giving in detail the action of the committee in relation to the matter, and an abstract of the correspondence with Dr. Gardner, concludes with an expression of the belief of the committee, that Dr. Gardner would not again be guilty of the offence, and a recommendation to suspend him from the enjoyment of the privileges of the Academy during the pleasure of that body. The report was accepted, and a motion to adopt brought on an animated discussion.

Dr. Gardner being called upon to explain his conduct, said he had no hesitation to speak openly and frankly on the subject, nor to state fully the course he had pursued. He said the first he knew of the matter, was in June last, when he was told by a friend that the editors and publishers of the *Medical Register* were about to drop his name from the list on account of a violation of ethics. Of course this was understood to be something very damaging to him, and he wrote to a friend who he believed had some knowledge of the course to be pursued toward him, that he would hold the persons responsible for it to accountability for damages. He stated that in twenty-three years of practice in New York he had striven to uphold the regular practice. He had even been accused of radical opposition to all "peculiar" systems, and particularly of Homœopathy. Twice before unjust charges had been preferred against him in the Academy. He admitted that he had held consultations with Dr. Bartlett, and claimed that he had a right to. He considered the resolution of the Committee unjust, and the Academy should not adopt it. The names of other members who had done the same thing were in the hands of the Committee.

Dr. Stone, of the Committee on Ethics, spoke of the motives which governed the Committee, and the disagreeable duty that had been imposed on them. It was clear from all the evidence, that Dr. Gardner had formed a great intimacy with this Dr. Bartlett. It was difficult to understand, in view of that intimacy, how he could have been ignorant of his professional standing. He must have discovered during their consultations that Dr. Bartlett was a homœopathist. He knew that his patients were in charge of a homœopathist during his (Dr. B.'s) absence from the City. Yet for some reason he (Dr. G.) did meet with a homœopathic physician and consult with him, contrary to the rules of the Society. The Committee felt strongly that some action should be taken, and they made the recommendation in the report. They left it to the Academy, however, to determine the duration of the

suspension, and they felt sure that Dr. GARDNER would repent of his error and break off his relations with this man, and be restored to his privileges as a member. They were unanimous in the belief, that any case of this nature within their knowledge should be instantly stopped.

Dr. GARDNER said he did not repent of anything he had done, and would do it again with the same light.

After much debate, the motion to suspend was adopted, and Dr. VAN KLEECK made the motion indicated above, which was followed by a motion to lay on the table. This was carried by 11 to 10, a considerable number of those present not voting.

Dr. GARDNER arose to say that he should have no further communication with the Society, when Dr. KRAKOWIZER raised the question, whether a suspended member could make any communication to the Academy.

Dr. GARDNER said he would like to see the rule of the Society that denies to a suspended member the right to resign.

The Chairman was of the opinion that he could not resign. Dr. GARDNER then took his coat and hat and walked out of the room. There being no other business, the meeting adjourned.

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### Carbolic Acid.

Of this interesting substance Dr. W. LITTLE, says in the *Chicago Medical Journal:*

It is one of the products of the distillation of coal-tar oil. If a portion of crude coal-tar be placed in a retort furnished with a thermometer, and the portion which distils over between the temperatures of 300° and 400° F., collected and mixed with a strong solution of caustic potash, and allowed to stand for some time, a whitish, pasty mass is obtained, which, when acted upon by water, is resolved into a light oil and a heavier alkaline liquid. If the latter be drawn off and neutralized by hydrochloric acid, carbolic acid will be disengaged, in an impure state, in the form of oil. By distilling from chloride of calcium, to remove any remaining particles of water, and exposing the distillate to a low temperature, carbolic acid congeals in the form of long, colorless prismatic crystals, which melt at 35° C., to an oily liquid, boiling at 180° C., and resembling, in many particulars, creosote. It is deliquescent, attracts moisture from the atmosphere, and quickly becomes liquid, and continues so at moderate temperatures. It is known by the names, carbolic acid, phenic acid, phenol, phenic alcohol, and the hydrate of phenyle.

It was discovered by RUNGE, in 1834, who gave it the name carbolic acid. It possesses remarkable powers as an antiseptic. Most of the disinfecting powders now in use are nothing more than a mixture of carbolic acid and plaster of Paris. It is the opinion of some that this acid is capable of absorbing offensive gases of putrefaction, but a number of experiments show plainly that it has no influence over gases, but it prevents putrefaction and thus obviates the formation of gases.

It has the power of arresting fermentation, produced by organized matter, and also prevents its further development. Its mode of action is not thoroughly understood, but it appears to act by attacking vitality in some mysterious way.

The vapor is by no means offensive to the higher classes of animals, and there is comparatively little danger in handling it. Should a portion of the acid, in an undiluted state, come in contact with the integument, it acts as a mild caustic, but if rubbed or washed off, no inconvenience is felt. As a therapeutic agent, it has been most extensively used as an external application.

In sloughing wounds, a solution composed of one part acid to forty parts of water produces the most marvelous effects: it destroys all fetor, facilitates the separation of the slough, and causes the parts beneath to assume a healthy appearance. It seems, also, to have the effect of promoting the growth of healthy granulations, and of hastening the healing process of wounds. It has been used successfully in several forms of skin diseases, *viz.*, lepra, tinea capitis, rupia, and eczema. It has proved a valuable agent in the treatment of hemorrhoidal affections and in fistula. It is a valuable caustic, it only affecting a superficial layer of the tissue to which it is applied, hence its use would be indicated in diphtheria and malignant sore throat. But carbolic acid has also been used internally, with beneficial results. One drop, given in the form of a pill, has checked vomiting when other remedies had failed to produce any effect.

It has been highly recommended in cases of dyspepsia, accompanied with pain in the stomach after eating.

It has also been largely used by many eminent French physicians in the treatment of phthisis. A large number of patients in different stages have been treated, with the most favorable results. The mode of administration is as follows:—"Fifteen drops of the pure acid is dissolved in ʒij. of spirits, and the solution mixed with ʒxxxij. of water; this quantity is administered daily, partly by the stomach and partly by the inhalation of fluids in a pulverized form."

Owing to the great demand for carbolic acid, it is largely adulterated. The article most commonly used for this purpose is coal-tar oil, but it can be easily detected.

Pure carbolic acid is soluble in from 20 to 60 parts of water, or twice its bulk of solution of caustic soda, while tar oil is nearly insoluble. Therefore, to test carbolic acid, we have only to put a drachm of it in a bottle, pour on it half a pint of warm water, and shake at intervals for half an hour, when the amount of oily matter will show the impurity. Or dissolve one part of caustic soda in ten parts of carbolic acid, the residue will show the amount of impurity.

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### A Surgical Riddle.

Broken heads are common enough in North Africa and in Greece. M. MARTIN, a surgeon-major of the French army, publishes an account of the proceedings of certain families or tribes, whose privilege it is to trephine the cranium of every one of the inhabitants of the Djebel Aures who has the misfortune to receive "even the

slightest wound." Of course, where whole families live by trephining, few heads are sacred. M. Martin has seen several unfortunates who had undergone the operation five or six times. The age and sex of the wounded do not interfere with the operation; and children, young girls, or women, submit with as much resignation to this cruel practice as the strongest and most courageous men. Besides riddling the cranium with holes, they add cauterization of the wound, and even the introduction into the cranial cavity of fluids intended to facilitate the exit of extravasated blood. An astonishing proportion of the victims is said to survive this barbarous proceeding.—*Brit. Med. Journal.*

### The Yellow Fever.

*The Galveston* (Texas) *Civilian*, which has been at some pains to collate the yellow fever statistics, says that the whole number of deaths, from the commencement of the epidemic to the 1st of October was 1245, of which 145 were from other diseases, leaving 1100 from yellow fever. *The Civilian* estimates that there has been 15,000 cases of fever, as nearly all the population of 22,500 were unacclimated, thus giving only one death to every 14 cases of the fever. *The Galveston News*, however, says: "We think this is too large an estimate of the cases of sickness. We believe 12,000 near the truth, making allowance for the number of persons who left the city to escape the sickness, and this would give one death to about 11 cases of the fever. If we take the report of physicians in their private practice, and of hospital physicians, we think they will not put the number of cases that have proved fatal at less than 10 per cent. of the whole as the general aver age mortality."

### Carbolic Acid for the Extermination of Mosquitoes.

The New York *Evening Post* has a correspondent who states that carbolic acid has recently been successfully used near Rahway, N. J., for the extermination of mosquitoes and flies. A small piece of cloth, saturated with the acid, was hung up in a room, and in two hours the flies had entirely disappeared. In the evening the acid was tried in the kitchen, where the mosquitoes were very troublesome, with like success. He thinks the remedy worth trying in all places where mosquitoes are troublesome.

*[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]*

## MARRIED.

Flickinger—McAllen.—Oct. 16th, by the Rev. J. J. Pomeroy assisted by the Rev. J. Smith Gordon and the Rev. William A. West, Dr. J. S. Flickinger and Miss Jennie S. McAllen, both of Fannettsburg, Pa.

Haws—Schoonmaker.—Oct 17th, at the residence of the bride's father, Harlem, N.Y., by Rev. J. C. McKnown, Mr. Tilghman Haws, of the firm of Brownlow & Haws, of Knoxville, Tenn., and Miss Fannie, eldest daughter of Dr. B. E. Schoonmaker.

McCausland—Clayton.—Oct. 1, at the residence of the bride's father, Ralph Clayton, Esq., of St. Louis co., Mo., by B. F. Crary, D. D., R. H. McCausland, M. D., of Mason co., W. Va., and Miss Mary J. Clayton.

Ozias—Lyman.—On the 26th of September, at the residence of the bride's mother, Alburgh, Vt., by the Rev. C. B. Cady, H. W. Ozias, M. D., of Philadelphia, and Martha M., youngest daughter of the late William H. Lyman, Esq.

Raub—Thomas.—In the Second Presbyterian Church of Belvidere, N. J., Oct. 22d, by the Rev. S. W. Dana, Dr. John A. Raub, of Stone Church, Pa., and Hannah L., youngest daughter of Alfred Thomas, Esq., of Belvidere.

Robinson—Henry.—Oct. 22d, at St. Lukes Church, Brooklyn, by the Rev. Dr. Henry, assisted by the Rev. Dr. Diller and the Rev. Mr. Homer, S. C. Robinson, M.D., and Miss Sarah Henry, daughter of J. H. Henry, M. D., all of Brooklyn.

Sheddan—Manchester.—Oct. 24 at the Church of the Messiah, Brooklyn, by Rev. G. F. Thrall, assisted by Rev. Dr. Sheddan, Mr. A. Boyd Sheddan, of New York, and Miss Maria L., daughter of Dr. C. F. Manchester, of Pawtucket, R. I.

Thomas—Pritner.—At the house of the bride's father, L. C. Pritner, Esq., Oct. 15th, by the Rev. J. Mateer, assisted by the Rev. B. H. Thomas, Dr. A. G. Thomas, of Freeport, Armstrong co., Pa., (son of the last-named clergyman,) and Miss Cecilia L. Pritner, of Curllsville, Clarion co., Pa.

Wallace—Ladd.—At Brooklyn. Oct. 22d, by the Rev. C. D. Jackson, D. D., William Wallace, M. D., of Brooklyn, and Ellen L. Ladd, of Throgg's Neck, N. Y.

Ward—Paterson.—Oct. 23d, at High street Presbyterian Church, Newark, N. J., by Rev. Dr. A. Reid, assisted by Rev. Dr. E. E. Rankin, Joseph B. Ward, M. D., of Brooklyn, E. D., and Jennie M., daughter of Wm. Paterson of Newark, N.J.

Williams—Martin.—Oct. 3, at the residence of Dr. S. Martin, Xenia, O., by Rev. Mr. Ewing, Mr. S. Williams and Miss Mary E. Martin.

## DIED.

Ralston.—Near Pine Bluff, on the Arkansas river, October 8th, Dr. G. W. Ralston, in the 36th year of his age.

Rogers.—In Hartford, Wis., Oct. 14, 1867, of congestion of the brain, Hattie, only daughter of Dr. E. M. Rogers, aged ten months.

Shumard.—In Cincinnati, Oct. 6, Dr. George G. Shumard, aged 42 years.

## ANSWERS TO CORRESPONDENTS.

*Dr. J. B., of Ohio.*—For works on taxidermy, we refer you to Van Nostrand & Co., New York city. We do not know Capt. Brown's work you speak of.

*Dr. E. B. M., of Ind,*—Your order was received. The skeleton is being prepared, and will be sent you as soon as ready.

*Dr. J. C., of La.*—No sphygmographs are manufactured in this country. The best instruments for local anæsthesia cost from six to eight dollars.

*Dr. A. G. F., of Iowa.*—We cannot find the price of Dr. Condell's Disquisition on Pestilential Cholera, London, 1848, but it would not be more than three or four shillings sterling.

*Dr. J. L. H., of W. Va.*—"Do you know anything of the *rhyncosia excavata* as an emmenagogue, or the *Brahee sugar powders* as a tonic?" We know nothing of either of these articles. Perhaps some of our readers can enlighten us. We have the impression that the Brahee sugar is a quack preparation, of no value whatever.

## METEOROLOGY.

| October, | 14, | 15, | 16. | 17, | 18, | 19, | 20. |
|---|---|---|---|---|---|---|---|
| Wind..... | W. | N. | W. | W. | S. W. | S. W. | S. |
| Weather.... | Clear. | Clear. | Clear. | Clear. | Clear. Hazy. | Clear. Hazy. | Clear. |
| Depth Rain.. | | | | | | | |
| *Thermometer.* | | | | | | | |
| Minimum..... | 42° | 41° | 45° | 46° | 49° | 55° | 64° |
| At 8, A. M..... | 53 | 56 | 55 | 51 | 58 | 63 | 68 |
| At 12, M..... | 63 | 67 | 63 | 65 | 75 | 75 | 78 |
| At 3, P. M..... | 62 | 66 | 65 | 66 | 76 | 78 | 77 |
| Mean..... | 55. | 57.50 | 57. | 57. | 64 50 | 67.75 | 71.75 |
| *Barometer.* | | | | | | | |
| At 12, M..... | 30.1 | 30,1 | 30.4 | 30.2 | 30.1 | 30.2 | 30.4 |

*Germantown, Pa.* B. J. Leedom.

PHILADELPHIA

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OF

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HORACE WILLIAMS, M.D.

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The Philadelphia Summer School of Medicine will begin its fourth term on March 1st, 1868, and students may enjoy its privileges without cessation until October.

The Regular Course of *Examinations* and *Lectures* will be given during April, May, June, and September.

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542—565

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THE

# MEDICAL AND SURGICAL REPORTER.

No. 558.] PHILADELPHIA, NOV. 9, 1867. [Vol. XVII.—No. 19.

## Original Department.

## Communications.

### PHYSIOLOGICAL AND PATHOLOGICAL RELATIONS OF THE TRUNKAL MUSCLES TO THE THORACIC FUNCTIONS, WITH THE THERAPEUTIC INDICATIONS INVOLVED.

By E. P. Banning, M. D.,
Of New York.

#### Physiological Aspect.

When we contemplate the philosophic working of the abdominal and dorsal muscles, it becomes obvious that they not only *support* the abdominal viscera, but also, so coerce them against the diaphragm, as to render that muscle strongly concavo-convex, and thus to excite it correspondingly to a contraction.

In connection with the action of the pectoral muscles, the first effect of this is, to induce full inspiration, by elongating and enlarging the cavity of the thorax. The next is, to enhance expiration, and provide for a succeeding inspiration, by a consequent reaction of the abdominal muscles upon that cavity through the diaphragm.

Thus we see that the abdominal and dorsal muscles are the primary *motive force* of the *first* and of the *last* inspiration of every creature. This conceded, it follows as a direct sequence, that those muscles are thus the *key* to all the culminated uses of the lungs; for the blockading compression of the ribs and diaphragm being removed from the capillary gates of the pulmonary circle by inspiration, that circle becomes an open highway, and its circulation may be freely performed with no congesting delay.

And again, by joint atmospheric pressure through the larynx on the one hand, and an induced expansion of the pulmonary capillaries on the other, air is forced to *leap*, as it were, into, and distend the remotest air cells, and consequently, to come into depurative contact with carbonized blood, in its atomic division, in the capillary gates.

We repeat, then, that the abdominal and dorsal muscles are the basal point and *motive force* of all the pulmonary uses, and that only in the ratio of their harmonious vigor, can those uses be fully realized.

#### Muscular laxity and its Pathological effect in the premises.

In ascertaing the vitiating effects of abdominal and dorsal laxity upon the pulmonary functions, it is only necessary to glance at what is involved in a stinted inspiration; for, without controversy, the immediate effect of muscular laxity is, to *forestall full inspiration*, by depressing and collapsing the diaphragm, thus depriving that grand inspirator of its primary dynamic condition. What then are the philosophic results of a deficient inspiration? 1st. The partial circulation must be obstructed in the arterial capillaries; full ingress of air to the interior cells embargoed; free depuration and vitalization of the venous blood correspondingly interrupted, inclusive of all the successive squelching effects of such facts. For the above vital processes can only be fully evolved *by* and *through* a free expansion of the vascular capillaries and air cells; and the latter can only be obtained through an ample thoracic vacuum, formed by the momentary elongation and enlargement of the chest, which results only from free inspiration.

2d. In this case we see that the heart must force venous blood into the pulmonary vessels, greatly in excess of its capillary egress, and the breakwater condition of the "circle" thus produced, must involve other morbid phenomena. First, it tends to tuberculous those deposits which a freer capillary circulation might *forestall*, (even where a tuberculous propensity existed, since it is only streams of sluggish flow that cover their beds with deposits; and next, such a closing of a portion of the ærial and vascular ramifications, not only limits the depurative forces, but must also necessitate a corresponding shortness, difficulty and frequency of inspiration, and almost necessitate hymoptosis, by a rupture of vascular walls from cardiac force, simply because the capilliaries refuse the free egress along their channels, which a sweeping inspiration would

secure and perpetuate. Here, then, we see why it is, that in proportion to perfection of physical proportions and vigor, the inspirations are not only *measured* and deep, but also uniformly accompanied by synchronous contractions and expansions of the inferior abdomen; and also, why, in pulmonary disease and muscular laxity, the inspirations are so imperfect, and chiefly performed by the superior pectoral muscles, and with no synchronous abdominal movements.

The Pathological indications in the premises obviously are, first to induce or *compel*, the relaxed abdominal muscles to resume through the viscera, their efficient, upward and aggressive action against the diaphragm, and so, to restore plenary inspiration, and by the latter, to freely open up the capillary highway for the partial circle; and thus, not only to restore the perfect pulmonary uses, but correspondingly to mitigate the tendency to tuberculous deposits and hymoptosis, and also, to relieve labored respiration and dull pains in the chest. For confirmation of this line of reasoning, we have only to comprehensively consider the rationale of corresponding respiratory phenomena in perfect health. Take for instance, the cases of sadness and grief in adults. Every one knows by experience, that in the exercise of both these passions, there is a sense of heaviness, weight and obstruction felt in the breast, and, that it is invariably relieved, by an involuntary full inspiration. In these cases, emotion has induced a partial suspension of inspiration and a corresponding closing of the capillaries, with consequent congestion, which is instantly dispersed for the moment, by an involuntary sigh. To the senses, it appears as if a wave of relief glided across the oppressed breast.

But, it is in the far more emotional period of *childhood*, that this principle is enumerated with the greater emphasis and instruction. For, at that susceptible period, so much more intense are all the efforts of any passion upon the heart and lungs, as to peremptorily demand the compensating influence of the lung, and often spasmodic inspiration of crying, laughing, and even of sobbing, to force the pulmonary capillaries to give compensating egress for the moment, and so to shorten the paroxysm and forestall unpleasant results upon the nervous system, and organs immediately concerned.

This explains why a crying widow, never breaks her heart, (beyond repair) and why *bawling* children are the soonest pacified; and on the other hand, why *demonstrative* grief is most deep and bitter; and why, when children are forbidden a reasonable time in which to cry, they sulk so long, and often sob and sigh, for whole nights during sleep. In these cases, the heart and lungs have not been promptly relieved of congestion, by deep and measured inspirations.

But, for a final and absolute confirmation of our main proposition on this point, we have only to consider one additional fact, touching cases of pulmonary derangement, ranging all the way from simple weak respiration, to hæmoptosis and tuberculosis. It is this; that on applying vigorous bracing and elevating support (with the hands) to the dorso-lumbar spine and the abdomen, the power of inspiration is always instantly and immensely increased, and will combine or decrease in the exact ratio in which we continue or suspend the support. On this experiment, the argument on this point culminates, and we venture to perdict, that in the mind of every one who tries it, it will be found to be the *experimentum ad hominum*. If this be so, what more is there to be said, since to increase the pulmonary functions and "*keep* the *patient breathing*," is *the desideratum?* So remarkable has been our experience with this experiment, that we can scarcely restrain a recital of many anecdotes of the subject of it.

Said one:—"My breath used to come only to here (mid-sternum), but now I breathe from the very bottom." Another said, "Previously, I had to *tug* for a little breath, but now, it comes itself." And a collapsed old lady, who declared she "had not breathed for eighteen years," exclaimed, "now my breath seems to go down one side, and up the other, I feel it through and through."

Assuming, then, the reality of all this, what is involved in it? 1st. That the substitutionary support of the hands, forced the diaphram into a tense and active condition, whereby it and the pectoral muscles are excited to vigorously contract, and thence resulted a thoracic vacuum. Next, that air is thereby compelled to distend the remotest bronchial termina, and the entire lung is thus compelled to be passively expanded by the force of internal pressure. Next, that this mechanically compels a corresponding expansion of the vascular capillaries, just as the expansion of a dry sponge by water, expands its minutest pores to the calibre of considerable tubes, and so, not only is the circle relieved and free, but the blood is vivified, congestion and vascular stress mitigated, and a quietus placed upon influences which are both initiative and culminative of hepatization, tubercules and hymoptosis.

This reasoning also teaches, that as soon as we

discern an habitual drooping of the body, flattening of the chest, angularity of the shoulders, and sharpening of the shoulder blades, with dull pains in the chest and shortness of breath, no time should be lost in the application of such concordant mechanical support, as shall support and stimulate the diaphragm and pectoral muscles to activity. This should be done, both as a remedy and prophylactic, not omitting in meantime, to co-operate by a vigorous physical culture and other requisite means; remembering, that the earlier the application is made, the more radical is the result likely to be. Again: from this view we learn that long after the initiative phase of chronic pulmonary disease has passed, and even where some consolidation and probably tubercles and palpable hymoptosis are present, mechanical support should be resorted to, not as a cure, but as an alleviative, and a putter off of the evil day! (especially wherever there can be induced a temporary improvement in respiration, by abdominal and spinal support with the hand), as it will enlarge the inspirations and so feed the flickering fires of life to the last. In such hopeless cases, this should be done on the same principle that anodynes, etc., are administered in the same cases.

Thus much for reasoning on the subject; but when we come to *personal experience* in the practical application of these principles, we must rest content to simply *aver*, that the satisfactory results in several thousands of instances, have been too decided to be appreciated by those who have witnessed none of them. Without special details, then, we submit, that in well selected cases, we seldom have been disappointed of witnessing more or less valuable results, and that in many apparently hopeless instances, where other treatment had been suspended, mechanical support, with a rational physical culture, has resulted in a restoration to *apparent* health; and that in others, an extension of life and a mitigation of suffering resulted, which were the wonder of both patient and friends.

But it has been in the very latest days, and even hours, of some cases, where the most remarkable workings of this principle have been educed, and we recite two representative instances of this, purely to more forcibly awaken the profession to the fact, that herein is involved a means of extending life and, of comforting thousands who are "struggling for breath" in the last conquering gripe of pulmonary disease.

*Case* 1. In 1847, I adjusted the abdominal and spinal shoulder-brace to a young lady in Georgia, who was excessively emaciated and in the last days of consumption, purely to gratify her. At the time, inspiration was attended by a moan. Said she felt it "dragging from the breast to the hips." On adjusting the instrument, she called out, "Mother, I can breathe! I can breathe! and it does not hurt me." We remained in the town five or six days, and she failed not, on each evening, to send us a messenger with "thanks for breath." In a few days later, her pastor wrote me of her death, and stated, that in the last hour of her life, she refused to let the brace be removed, saying, "No, that is all there is left of life for me."

*Case* 2. Said a wealthy and influential gentleman of Philadelphia to us, "I am greatly impressed by the reading of your views on mechanical support for lung affections, and have a son who is evidently in the last days of consumption. He is greatly emaciated; can scarcely sit up: and breathes with the greatest labor; and, although there is no hope, I wish to try your brace, to see if it will not *comfort him some.*" The instrument was applied, to the great displeaure of the invalid, who felt grieved that "so ridiculous an experiment was proposed by his father, when his condition was so forlorn." In a few days his father informed us, that after his son recovered a little from his displeasure, he noticed him sitting up, examining the brace, and shifting its position this way and that; finally, he turned and said, "Father, *this is a good thing, after all; it keeps me up, and makes me breathe like a major.* I wish I could have had it long ago, when there was some chance." The father added, "He continued more comfortable until yesterday, when he suddenly snuffed out in a moment."

*Query.* If such results are possible in the lowest degree of physical and vital collapse and disorganization, how much more might be accomplished, if this auxiliary principle was carried out in connection with other requisites, when the case consisted *chiefly* in an unstrung condition of the respiratory machinery; and who is he that dares to ignore this rational principle, (which, at worst, can work no evil,) and plods on in the old exclusive *medicinal* routine, the whole history of which is so identical with that of failure.

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—— To Prevent Metals from Rusting. Dip the article into very dilute nitric acid, and afterwards immerse it in linseed oil, allowing the superfluous portions to drain off. When the coating of oil is thoroughly dry, the article will be ready for use, and thus protected, will remain bright for years.

## CASES IN PRACTICE.

By F. A. Roop, M. D.,
Of Sharpstown, Somerset co., Md.

### Rheumatism.

B. B., a native of Somerset county, Maryland, æt. 18; had been afflicted with rheumatism, by his own account, since he was eight years of age, sometimes being unable to follow his occupation of waterman, for five or six months of the year. Was seized with his old disease on July 24th, 1866, unable to help himself. By the advice of some friends, who were always ready to prescribe never-failing remedies in all cases, he procured ℥j. of roll brimstone, pounded it up, and put it in a gallon of whisky, took a wineglassful three times a day until the whisky was consumed, when he added another half-gallon, and used it, without producing any good result. Four or five days after he began the medicine, he was attacked by an eruption resembling "prickly heat,"—no pustules or vesicles—immediately followed by large scabs all over his person, disease meanwhile getting worse.

Sept. 23d, I was called in to see him. Found him affected with swellings of the knee and ankle-joints, large, puffy, and painful; pain in muscles of the spine, arms, etc.; slight fever; tongue white and coated; great debility and utterly helpless; no appetite; no sleep; his body, limbs, and face covered with dry, horny scabs, rising about three-fourths of an inch above the surface, and presenting to me more of the appearance of the little scabby horns I have often observed on the heads of "buffalo" or "muley" cattle, perfectly dry, easily detached without bleeding, or any appearance of any fluid when removed; and, immediately after recurring, painless, and without any itching or irritation. I administered pulv. Doveri, and the other usual remedies to relieve pain, and was partially successful, as he obtained from six to eight hours' sleep at night, evacuated the *primæ viæ*, and, supposing the eruption would disappear, administered iodide of potass., tr. colchicum, etc., for a sufficient time to show that they did no good. The scabs still remaining, directed Fowler's solution in eight-drop doses three times a day, for the cutaneous disease, along with quinine and other remedies that I considered indicated, with the result of returning appetite and strength, absence of fever, less tumefaction, more freedom of the joints, regular bowels, (which were costive at first,) and less pain.

About the 15th of December, he complained of "a humor in the scabs," excessive itching and irritation. When he scratched the scabs off, it was followed by a slight discharge of watery fluid, slightly tinged with blood. I directed a lotion of acet. plumbi, which allayed the irritation. As he was anemic, I gave chlor. potass., grs. x. three times a day, ʒij. cinchoniæ, f.ʒss. tr. ferri mur., aqua, f.ʒvj. in teaspoon doses, four times a day, and continued it until March, 1867. During this treatment, his blood became gradually richer and deeper in color, so that, when the scabs were torn off, it was red blood that flowed. His rheumatic affection was gone, appetite good, digestion perfect, bowels regular, and free from pain, weeks before the scabs disappeared. He is now perfectly healthy, and has been since the first of April, except a chronic stiffness of the neck and back, which he has had for years. No scars or cicatrices, although he spent the last severe winter in a very cold, open house, and suffered from scarcity of fuel and bed clothing. He was perfectly blanched and pale. He is now ruddy and fresh in complexion. I omitted to mention, that his urine was at first turbid, and deposited a pale pinkish sediment, yet after six weeks' treatment, it became natural.

Now, what was the cause of the scabs? I have never seen anything like them; there was no matter seen at any time, they covered his whole person thickly, and were of the size of a dime to that of a twenty-five-cent piece.

### Purpura Hæmorrhagica.

Sarah H., a native of Caroline county, Md., æt. 26; married four or five years; without children; rather American in appearance; had been troubled with "chills," and "bilious" since her marriage. Sent for me to visit her on September 17th, 1858; found her bleeding from the nose, tongue swollen to the extent of distending the jaws to their utmost capacity, painful deglutition greatly impeded, etc., pulse feeble. Upon inquiry found she was not only bleeding from the nose and gums, but from the ears, anus, and vagina; but in addition, her neck, breast, arms, legs and abdomen were covered with livid petechia, raised above the surrounding skin, near the size of a plump grain of wheat, of an oblong form; all of which in a day or two after formation, discharged a small quantity of very *pale*, watery, bloody fluid. She was propped up in bed, where she had to remain, with a basin under her nose to catch the blood, which was flowing guttatim from that organ. Having never seen or read of such an extreme case, I should have liked to have had a consultation, but as the family wished, if another doctor was called in, to have one who I knew would be of no assistance to me, bu[t]

an obstacle, I declined, preferring to rely upon my own resources. If it had not been for the hæmorrhagic diathesis, I should have scarified the tongue, and thus relieved the swelling, but that was out of the question. I directed the application, by means of a feather, of a strong solution of chlorate of potassa to the tongue and mouth, as often as it could be applied. I dissolved four ounces of the nitrate of potash in one quart of vinegar, and ordered a tablespoonful every hour. Being a woman of a calm and well balanced mind, she followed my prescriptions to the letter, and I had the satisfaction in five days of seeing the hæmorrhage checked, the tumefaction of the tongue subside, the petechia nearly all disappear, and some desire for food manifested, which was gratified carefully. Elixir of vitriol was ordered four times a day, with small doses of quinine to remove the debility, which was very great. A total exclusion of draughts of air was also enjoined.

I looked upon it as an aggraved case of scurvy. On the first day of October I ceased to visit her, as she recovered very rapidly.

On the 24th of July the next year, I delivered her of a fine healthy female child. Her health has remained good since, and she has several children.

# Hospital Reports.

JEFFERSON MEDICAL COLLEGE,
*October 16th*, 1867.

SURGICAL CLINIC OF PROF. GROSS.

Reported by Dr. Napheys.

### Keloid Tumor, Removed Sept. 21st.

Susan R., æt. 19. This young woman, a mulatto from the Island of Bermuda, was operated on, three weeks ago to-day, for a keloid tumor affecting the lobe of the left ear, vide p. 315. The entire mass, which was not large, but which was characteristically marked, was removed. It presented all the evidences of the fibroid tumor originally described by ALIBERT, of Paris, under the name of keloid, or crab-like, from its resemblance to the claws of that animal. This woman had a copious hemorrhage the night after the operation, which is more surprising, in view of the slight vascularity of this part of the body in its natural state.

### Cataract, with Internal Strabismus.

Mary McA., æt. 11 years. This child has cataract and convergent strabismus, affecting the left eye. From the history of the case, it is probable that the cataract is congenital, or that it came on soon after birth.

Of the different forms of cataract, lenticular, capsular, and capsulo-lenticular, the last is the most common. Capsular cataract is most likely to be met with when the lens has been absorbed, as it is so apt to be when the disease is congenital or of early formation. The crystalline lens is situated immediately behind the iris, directly back of the pupil; consequently, when it is in a state of opacity, the transmission of the rays of light is interfered with. Nevertheless, total blindness is seldom observed in cases of an uncomplicated character, for some of the rays of light, when the pupil is dilated in cloudy weather or during twilight, pass around the opaque body, and in this way make their specific impression on the retina, so that the patient has, at all events, a perception of light, although he may not see objects distinctly. This perception of light is always a favorable omen in regard to the result of an operation, which it may be necessary to perform, for if there is total blindness, and especially if the pupil is habitually dilated, then the inference is, that the eye has undergone serious organic lesion, especially of the retina, or retina and choroid, positively interdicting an operation for the relief of the cataract, and rendering the case irremediable.

There are several operations for the cure of cataract. One consists in couching, depressing the lens, burying it in the vitreous humor, below the axis of vision. This is a bad operation, inasmuch as the lens has a tendency to disorganize the vitreous humor in which it is buried, so as to permit of its contact with the retina, thus producing total blindness. Another operation is that of laceration, comminution, or division, in which, by means of a delicate needle, the lens and its capsule are cut up as finely as possible, and some of the fragments pushed forward into the anterior chamber, so as to subject them to the influence of the aqueous humor; gradual absorption takes place; fragment after fragment disappears, and in this way the pupil is at length cleared, so as to allow the rays of light to pass in to make their peculiar impression on the nerve of vision. A third operation is that of extraction, which consists in the removal of the opaque body, by making an incision through the cornea, and then pressing out the lens, or permitting its expulsion or extraction by means of an instrument. This is, perhaps, the best of all the operations, but it is not adapted to every case, not to very young subjects, nor to persons in whom the eye lies very deep, nor to such cases in which there is disease of the cornea, or of the cornea and iris.

The operation of comminution was performed in this case. The pupil having been dilated by the application of a solution of atropia, one-fourth of a grain to two drachms, the cataract needle, dipped in oil, was introduced about two and a half lines behind the cornea, and below the horizontal axis of the eye, so as to avoid the long ciliary artery. The portion of the lens left was broken up, and the fragments pushed forward into the anterior chamber. The operation was then performed for strabismus. The eye being everted by the forceps, a slit was made along the lower border of the tendon of the internal straight muscle, so as to admit of the introduc-

tion of the blunt hook, upon which the tendon was divided.

A light bandage was thrown over both eyes. It is important, after such an operation, that the light should be secluded, not merely from the eye operated upon, but from the sound eye also, because of the sympathy of the organs with each other. The child will be placed in a dark room, with the head and shoulders elevated, and a quarter of a grain of morphia administered, to prevent reaction. Before adopting this practice of administering a full anodyne, Prof. Gross had seen, again and again, violent rigors and high constitutional disturbance follow such an operation. This is effectually prevented by the opiate. She will live upon a light diet, and to-morrow a dose of cathartic medicine will be given. Should anything like violent inflammation arise, resort will be had to the application of leeches, or, perhaps, even to bleeding at the arm, the administration of an active purgative, and the use of antimonials.

### Disease of Inferior Maxillary.

This man, æt. 26, was wounded five years ago, the ball entering the mouth, and emerging at the base of the jaw. There is now a discharge, through a sinus which has existed ever since. Without doubt, there is a foreign substance by which this irritation is perpetuated; it may be a piece of bone, or of wadding or clothing, or a portion of a bullet. Possibly, there may be caries or ulceration of the bone. In order to explore the bottom of the sinus, and get at the nature of a case, an incision will be made down upon the parts.

The man was placed under the influence of chloroform. Even the most courageous of patients are as a general rule adverse to taking an anæsthetic, causing as it does unconsciousness, a condition approaching to that of dissolution; men do not like to die even when they are overburdened with disease. In taking an anæsthetic, the patient should make a forced expiration, and then inhale as rapidly as possible. When chloroform is administered, he should be recumbent, all sources of constriction should be relieved, the stomach should, if possible, be empty, and the article should be perfectly pure. Chloroform containing no oxygen requires a great deal of care in its administration, a certain amount of air being allowed to penetrate the lungs with the vapor. The napkin or towel, Professor Gross prefers to anything else as a means of giving this anæsthetic. It is true that a great deal is wasted in this way, but it is the safest. From one-half a drachm to a drachm may with propriety be poured upon the towel, which should be held pretty close to the nose and mouth during the early periods of administration, for the first minute or two, care being taken not to scald the integument. So soon as the patient begins to be thoroughly influenced, then the cloth should be removed a little distance, and only a few drops be poured upon it from time to time, otherwise the patient will be liable to take an overdose. With these precautions there is not the slightest danger in the administration of chloroform.

A roughness of the jaw-bone was found to exist, how produced it was impossible to say. The parts were scraped, and the wound closed with an interrupted suture.

### Lithotomy—Two Operations.

Two patients affected with urinary calculus were now introduced to the class for operation, one a child, the other an elderly man. It was announced that there was another patient in the hospital attached to the college, upon whom lithotomy will be performed at the next clinic, as he is not yet quite prepared for the operation.

The boy, John—æt 4½ years, has labored under calculus disease for the last three years. He has suffered a great deal of pain, passing his water six or eight times in the twenty-four hours. Notwithstanding his suffering, he is pretty well conditioned. The other patient, John L., æt. 67, a resident of this city, has suffered excrutiatingly for a number of years. When Professor Gross first saw him, he had a desire to pass his urine every eight or ten minutes, and such was his suffering he hardly obtained any sleep, not more than one-half an hour at a time during the twenty-four. His appetite was impaired, and emaciation was going on rapidly. He was at once put on the use of anodynes and other agents, to quiet the bladder and system at large. Under this treatment, joined with rest in the recumbent posture, and proper attention to the diet, the urine has become greatly changed in its properties for the better. As was stated at the last clinic, *vide* p. 354, this man's urine contained at the least two-thirds its volume of purulent matter. It is not now entirely clear, it contains a little pus, hardly any lymph. He had also some pain in the region of his kidneys, leading to the fear that there might be inflammation of these organs. The examination of the urine, with the view of determining this matter, was postponed until it was too late, until the specific secretion had in great measure, if not entirely disappeared. The patient now passes water much less frequently, his appetite is pretty fair, and he is in a tolerably good condition for such an operation.

The most common variety of calculus met with in this city, as well as in the United States and in other countries, is the lithic or uric acid calculus. The oxalic is exceedingly rare. The phosphatic is met with more especially in persons suffering from an injury to the spine. The stone may be single or multiplied; sometimes there are as many as a dozen, twenty or thirty. Fifty-four is the largest number Prof. Gross has ever removed from one bladder. The patient was an old gentleman, seventy-one or two years of age, who was cut at Louisville. There are other cases on record of one hundred, two hundred, and three hundred calculus concretions in the same patient. Dr. Physic met with a most extraordinary instance of this kind in the person of Chief Justice Marshall, from whom he removed upwards of one thousand, varying in dimensions from the size of a pea to that of a small partridge shot. This case is without parallel in the history of this form of surgery.

The diagnosis of a concretion in the urinary bladder can only be determined by a careful

exploration with the sound. A patient should never be cut until this examination affords perfectly satisfactory evidence of the existence of a stone. If the general health be much impaired, it is well to prepare the system before an operation is performed, as has been done in the case of this old gentleman. If the general health be good, it is folly to expend any time upon the preparation of the system. The greater the general health, the more likely is the case to terminate favorably, all other circumstances being equal.

The operation which will be performed in these cases is that of Cheselden, the eminent lithotomist of London in the last century, who did it a great number of times, and with great success.

The knife which Prof. Gross employs in this operation, is nothing but a very delicate scalpel or bistoury. In dividing the prostate gland, it is of paramount importance to lateralize the blade of the instrument; not to hold it perpendicularly, lest the rectum be cut into. There are two embarrassing stages in the operation; the first is to strike the staff with the point of the knife, which is especially difficult when the perineum is unusually deep; the second is to seize the calculus with the forceps, which cannot always be readily effected. Sometimes it does not come down, but is retained by the bladder, perhaps contracting spasmodically upon it; sometimes it lies immediately above the pubis, and has to be pressed down before it can be seized with the instrument, as has occurred several times to Prof. Gross. After extraction has been effected, especially when there is reason to believe that the calculus has been broken, the organ is washed out with a syringe full or two of tepid water, which is thrown in in a full stream. The patient is then to be put to bed upon a draw sheet, a folded sheet, which is placed upon a piece of soft oil-cloth. This sheet is changed from time to time as it becomes soiled.

Union by the first intention occasionally occurs after this operation. The only instance of the kind ever witnessed by Prof. Gross, was in a case in which the operation was performed by his son, Dr. S. W. Gross, at the Howard Hospital, in this city.

The boy was now placed under the influence of chloroform, and the lateral operation performed. A large uric acid calculus was removed, a little upward of one inch in length, and three-fourths of an inch in diameter, of an elongated or ovoidal, almost of a cylindrical shape. It is impossible to save any portion of the prostate gland in a child of this age, when so large a stone exists. The prostate gland being exceedingly small, must be cut in its entire extent.

The bladder of the man John L., æt. 67, was now injected with water, as he had not been able to hold a sufficient quantity of urine, on account of the excessive irritability of the organ. The operation, after he was under the influence of chloroform, was performed in the same manner as upon the child, the same knife being employed. Two stones were extracted, and a small tumor came away in the embrace of the forceps. One-half of a grain of morphia was administered before the man took chloroform, and he was ordered another half grain after the operation. He is not a very good subject for an operation of this kind, as there is reason to suspect involvement of the kidneys. He has a very deep perineum, and a very narrow pelvis.

The tumor will be examined microscopically, and reported upon.

# Medical Societies.

## VERMONT MEDICAL SOCIETY.

### Fifty-third Annual Session.

Reported by the Secretary, L. C. Butler, M. D., Essex.

The Vermont Medical Society held its fifty-third annual sessions at No. 12, State House, Montpelier, on Wednesday and Thursday, October 16th and 17th, 1867. The President, Dr. E. D. Warner, of New Haven, took the chair at 10, A. M., and prayer was offered by Rev. Ward Bullard. Proceedings of semi-annual session read by Dr. L. C. Butler, Secretary.

Delegates from Corresponding bodies were presented to the Society as follows: From New York State Medical Society, Drs. Hiram Corliss, and Arthur S. Wolff; from Connecticut, Dr. Ashbel Woodward; from New Hampshire, Drs. W. Peabody, and G. P. Conn; from Massachusetts, Dr. Wm. Burnham, who were cordially welcomed by the President, and eloquently responded in behalf of their respective Societies.

Dr. Wm. McCollom introduced an addition to the by-laws of the Society, allowing the election of honorary members, which was subsequently adopted.

Dr. J. N. Stiles read an appreciative biographical sketch of Dr. B. C. Chandler, of Montpelier, late a member of this Society, deceased, closing with the following resolutions, which were unanimously udopted:

*Whereas*, it has pleased the Almighty Ruler of events to remove by sudden death a beloved and honored member of this Association, therefore be it

*Resolved*, That in the death of Dr. Charles B. Chandler society mourns the loss of one of its most useful members; the community a skilful physician; a family of a kind and affectionate husband and father; and the Vermont Medical Society of a most honored and useful member.

*Resolved*, That the members of this Society tender their heartfelt sympathy to the family of the deceased, in the loss of one who so richly merited all that love, and respect, which they have for so many years so kindly bestowed upon a true Christian husband and father.

*Resolved*, That the Secretary be directed to transmit to the family of the deceased a copy of these resolutions.

During the afternoon session, Dr. L. C. Butler, from the Committee appointed at the semi-annual session of the Society to take into consideration the subject of criminal abortion, and the vicious

advertisements and publications of the day tending to promote the growing evil, reported, recommending the introduction of a bill similar to the law passed by Rhode Island in 1867, and the appointment of a committee to urge its adoption by the Legislature. The report was unanimously adopted, and the members of the Society who are members of the Legislature, together with the President and Vice-President of the Society, were appointed such committee.

Dr. W. R. Hutchinson read an interesting and discriminative paper on "The Medicinal Springs of Vermont," giving an analysis of many of the springs, and the medicinal virtues they are said to possess.

Dr. C. P. Frost read an able paper upon *Puerperal Convulsions*, giving his views of its diagnosis, pathology, and treatment.

At 4 P. M., the President of the Society, Dr. E. D. Warner, delivered a very interesting address, mainly historical and reminiscential of the various quacks and quack nostrums which have existed in his day, and also of the strong opposition which was made in the Legislature of the state a few years ago, against the passage of a law legalizing the study of anatomy by the dissection of dead bodies. The bill came near being dismissed on its first reading, but was finally referred to a committee, in whose hands it was allowed to sleep, till it became a law in the other branch of the legislature, and was finally passed.

The address was well received by a large audience, and was delivered in the Representatives' Hall, which was generously tendered for that purpose.

### Ovarian Disease.

During the evening an interesting discussion took place upon *Ovariotomy* and *Ovarian* disease, in which Drs. Walter Burnham and H. R. Storer of Massachusetts, and Drs. Wolff and Corliss, of New York, participated.

Dr. Burnham had been engaged in the study and investigation of ovarian diseases for more than seventeen years, and during that time has performed the operation of ovariotomy 113 times, and in sixteen cases had removed the uterus and its appendages. Seventeen years ago he operated for the first time, upon a patient who had been confined to her bed for four years. The operation was then in bad repute; condemned by Medical Colleges and practitioners of medicine as impracticable. But it was successful. Other cases presented themselves, and the operation resulted favorably. Now it has grown into favor, and eight tenths of those which had occurred in his practice were successful. The diagnosis of ovarian disease was difficult; mistakes were apt to occur. It might be confounded with enlargement of the uterus, or it might be complicated with uterine disease, carrying the uterus out of its normal position into the abdomen; or it might be complicated with cancroid affection, or with *ascites*. From the latter, however, it might be readily distinguished by the resonance on percusssion in ascites and the dulness in ovarian disease. He illustrated the difficulty of diagnosis, and liability to error, by the case of a patient of fifty years of age, who was supposed to have ovarian enlargement. The expression of her countenance led him to doubt it, yet he diagnosed ovarian sac. Deciding upon an operation, an incision was made, which was followed by a discharge of pus;—came upon a tumor which filled the abdomen; extended the incision almost to the ensiform cartilage from the pubis; some thirty minutes before its character could be determined, or the organ that was enlarged;—proved to be a cancerous enlargement of liver; closed the incision; the wound healed and the patient lived two months afterwards. The anæsthetic he uses in his operations is ether, and it was owing, no doubt, to the use of anæsthetics, added to superior anatomical and therapeutical knowledge, that ovariotomy was now more successful than formerly.

Dr. Wolff thought every member of the profession should know as much of ovariotomy and ovarian disease as the specialists; and suggested that a more thorough knowledge of every branch of medicine, a larger experience, and a more extended research, would do away with specialists of all descriptions, a consummation which he thought devoutly to be wished.

Dr. Storer remarked that the profession owed much to those who had devoted themselves to the study of particular diseases, and had made them a specialty in practice. Twenty years ago, a woman with an abdominal tumor was doomed. To-day, by the light which has been thrown upon that class of cases by special study and practice, many lives are saved, and much suffering prevented. In his opinion, the rapid progress made in medical science during the past few years, was owing, in great measure, to the thorough investigation and study of particular classes of disease. The knowledge thus gained was so much added to the general aggregate of medical knowledge, to the means of diagnosis, and to therapeutical and surgical treatment. Dr. Storer's remarks were mainly devoted to a defence of specialism in medicine, by which he was understood to mean the special study of some particular class of diseases, as of ovarian or uterine affections, as distinguished from the general study and practice of medicine.

Dr. Corliss, during the first thirty of the fifty years of his practice, never dreamed of curing ovarian disease, but only of alleviating it. An operation for its cure was thought of only to be scouted. He rejoiced at the progress that had been made in this direction, whether by the specialist or the general practitioner, and urged the profession to still greater attainments. He lived to do good in the profession of his choice, and desired not to outlive his usefulness in it.

The discussion occupied the whole evening, and was, for the most part, interesting and instructive. Of course, the merest outlines are reported.

### Second Day.

At the opening of the morning session, the President announced, as the subject for discussion,

### Puerperal Convulsions.

Dr. Frost expressed the opinion, that puerperal convulsions are connected with uræmic poi-

soning, and the important point in diagnosis and treatment was the examination of the urine for albumen. If no albumen be found, the case is more amenable to treatment, and its presence or absence in the urine will foreshadow to the practitioner, the occurrence or non-occurrence of convulsions. Having this knowledge, prophylactic measures may be used, and the attack be prevented in subsequent pregnancies. In answer to a question, Dr. FROST had never known puerperal convulsions to occur twice in the same patient. Dr. RUSS had not. Dr. BULLARD related a case where there were convulsions in the first and third pregnancies. The urine was albuminous. Dr. TENNY mentioned a case in which convulsions occurred in the third and fourth pregnancies. Dr. HYDE thought the cases that recovered were hysterical, following the pains after delivery, and not properly puerperal convulsions. Pure cases die, and are really BRIGHT'S disease, or similar to it. Drs. KEITH, WARNER, MILES, and PUTNAM also related cases, all concurring in the statement, that where the urine was tested, albumen was inevitably found.

Dr. JANES, of Waterbury, read an elaborate and able paper on *Gunshot Fractures of the Bones*, occurring under his observation in two field hospitals, over which he had charge during the war.

During the afternoon session, the Committee on Nominations reported the following list of officers of the Society for the year ensuing, who were unanimously elected, viz.

*President*—C. P. FROST, of Brattleboro.

*Vice-President*—E. N. S. MORGAN, of Bennington.

*Secretary*—L. C. BUTLER, of Essex.

*Treasurer and Librarian*—CHARLES CLARK, of Montpelier.

*Corresponding Secretary and Auditor*—C. M. CHANDLER, of Montpelier.

The same committee also reported the following list of committees for the year ensuing, who were unanimously appointed, viz:

*Committee on Printing*—Drs. L. C. Butler, J. S. Richmond, A. C. Welch.

*Committee to assist the Secretary of State in compiling Registration Report*—Drs. O. T. Fasset, L. C. Butler.

*Delegates to Medical Department, U. V. M.*—Drs. Samuel Keith, E. D. Warner, Simeon Belknap.

*To New Hampshire Medical Society*—Drs. S. R. Corey, R. H. Phelps, J. O. Crampton.

*To Medical Society State of New York*—Drs. O. T. Fasset, M. Goldsmith, E. H. Pettingill.

*To Rhode Island Medical Society*—Drs. J. S. Richmond, Charles Tenney, W. R. Hutchinson.

*To Maine Medical Society*—Drs. S. T. Brooks, L. W. Adgate.

*To Massachusetts Medical Society*—Drs. H. D. Holton, William McCollom, Henry Janes.

*To Connecticut Medical Society*—Drs. C. A. Sperry, Kimball, Ross.

*To Connecticut River Valley Medical Society*—Drs. Osman Terry, Laban Tucker, T. G. Simpson.

*To American Medical Association*—Drs. S. W. Thayer, E. N. S. Morgan, A. T. Woodward, W. M. Huntingdon, S. Putnam, H. D. Holton, C. M. Rublee, E. D. Warner, E. F. Upham, C. M. Chandler, O. D. Bradford.

*Committee on Epidemics*—Drs. J. C. Crampton, A. H. W. Jackson, W. M. Huntingdon, E. F. Upham, S. T. Brooks, C. G. Adams, S. R. Corey, Ezra Paine, Salmon Brush, M. H. Eddy, J. B. Larned, Joseph Perkins, E. H. Pettingill, L. F. Burdick.

Under the by-law adopted by the Society for the admission of four honorary members each year, Ashbel Woodward, M.D., of Connecticut; G. P. Conn, M. D., of New Hampshire; Arthur Wolff, M.D, of New York, and Walter Burnham, M. D., of Massachusetts, were nominated for election atthe next annual meeting.

The semi-annual meeting of the Society will be held at Windsor.

# EDITORIAL DEPARTMENT.

## Periscope.

### Treatment of Acute Rheumatism by the Calx Saccharratum—Syrupus Calcis.

Dr. CHARLES E. BUCKINGHAM of Boston, in a communication to the *Boston Medical and Surgical Journal*, recommends very highly the use of the calx saccharratum—syrupus calcis—in the treatment of acute rheumatism. This syrup of lime is made according to TROUSSEAU'S prescription, as found in PARRISH'S Practical Pharmacy. Dr. BUCKINGHAM has used it according to the severity of the case and age of the patient, in doses of ten to forty-five drops, repeated in from two to six hours, as seemed demanded by the symptoms. The medicine is best taken in *unskimmed milk*, in quantity from a tablespoonful to four ounces, according to the dose of the syrup. It does not cause constipation, but rather looseness of the bowels after a couple of days treatment. The following is the formula for preparing the syrup, according to Dr. BUCKINGHAM.

He says that the formula published by PARRISH is incorrect, TROUSSEAU'S own statement is of a syrup saturated with lime. "*Il se prépare en saturant le sirop de sucre par le chaux et en filtrant.*" On looking at PARRISH, I find that it is to be made of *slaked lime*. This is entirely wrong. *It should be made of caustic lime.* The best formula would be to mix two (2) ounces of lime unslaked and eight (8) ounces of sugar together in the mortar, and pour over the mixture a wine pint of boiling water. Add boiling water enough to make up the pint, and filter. By the use of boiling water, the operation is more rapid and the formation of lumps is avoided.

In another communication Dr. Buckingham says:

"I enclose a letter from Dr. Squibb, of New York, which I received with some lime prepared with sugar. I trust that those who have undertaken to make the syrup and failed, will not be discouraged. I must caution againt the use of the article in pill or dissolved in water, as it will produce nausea, or even a caustic effect. It should be given in milk. I have used it in doses as large as forty-five drops every two hours. Generally, thirty drops every three hours have been sufficient. I have never found alkaline urine to follow its use, no matter how large nor how frequent the dose."

*Brooklyn, March* 16, 1867.

Dr. C. E. Buckingham, Boston.

Dear Sir,—Your paragraph, on the back of the reprint from the *Boston Medical and Surgical Journal*, came duly and has occupied me ever since, though it gave you little trouble to write. On the authority of the books generally, I did not know whether you or they were wrong, and to determine this had to go over the subject practically. I will not trouble you nor take up my time with any detail, but give you the results to use as you see proper. Sucrate of lime is a very definite thing chemically, and is soluble to any extent in solutions of sugar. To make it, it is only necessary to have lime, either caustic or hydrated, no matter which, associated with about three times its weight of sugar; but to render it soluble an additional proportion of sugar is necessary. The best proportion, practically arrived at, was one part caustic lime (or two parts hydrate or slaked lime), with eight parts of dry white sugar, rubbed together and poured into ten parts of boiling water, and boiled a few minutes; then diluted with forty or fifty parts of cold water and filtered through white paper, and the filtrate evaporated until the residue is quite brittle when cold. This is then rubbed to powder, and best given in a pill. The powder is, however, perfectly soluble in water, and if properly dried will contain between 8 and 10 per cent. of its weight of caustic lime. The powder may be dissolved in milk or any watery vehicle. A very good formula is to take of good clean well burned lime 400 grains, dry granulated white sugar 2300 grains. Triturate well together in a mortar, and then add the powder to f℥viii. of boiling water contained in a proper vessel (well tinned iron or bright copper answers), and boil the mixture with constant stirring for five minutes. Then dilute to two parts with cold water, and filter through white paper. Finally evaporate to whatever consistence may be desired. If the evaporation be carried on until the liquid measures a pint, each fluid ounce will contain about 24 grains of caustic lime, and this is about as dense a syrup as can be conveniently dispensed. If carried to f℥xii. each fluid ounce will contain about 32 grains of lime or 4 grains to the fluidrachm. But this syrup is too thick for convenient management in dispensing. If the evaporation be continued to dryness, great care must be taken to avoid discoloration and scorching as the fluid thickens and tends to bake on the bottom of the vessel. As it thickens it must be stirred continuously and kept from adhering to the vessel until all becomes translucent, tough and ropy. It finally becomes so tough as to be very difficult to stir properly, and when a small thread of it on cooling becomes very brittle and capable of being rubbed or crushed into small particles between the thumb and finger, the heating may be finished. When cold and brittle it should be rubbed to fine powder, and this powder, according to the extent to which the drying has been carried, will contain from 8 to 10 grains in the hundred of caustic lime.

The process is simple and easy, and requires so little skill and dexterity that any ordinary pharmaceutist of the most limited acquirements will be able to make it without difficulty.

E. R. Squibb.

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### Notes on Materia Medica.

The following novelties are selected from a Report on Materia Medica and Therapeutics, prepared by Dr. McCready for the *New York Medical Journal:*

#### The Action of Veratria.

Dr. L. Hirt, of Breslau, has endeavored to learn, by experiment, in what manner veratria produces its effect in slowing the circulation. Previously, Praag had arrived at the following conclusions from his experiments:

1st. Poisoning by veratria diminishes the intensity of the respiration, and of the circulation.

2d. The muscles lose their tension.

3d. The sensibility of the peripheral nerves is diminished.

4th. Small doses produce nausea, vomiting and diarrhœa.

5th. The secretion of urine is slightly, that of saliva markedly, increased.

Kölliker deduced from his observations—

1st. That veratria excites the medulla-oblongata, and the spinal marrow, and causes tetanus that does not last long.

2d. The brain is not affected, at all events before the spinal marrow.

3d. It has no influence on the trunks of the motor nerves. The apparent paralysis depends on paralysis of the muscles.

4th. The striped muscular fibre very soon becomes paralyzed and motionless.

5th. The heart soon becomes motionless; this apparently depends on a direct influence exerted upon the muscular fibre.

6th. The topical application of dilute solutions affect the spinal marrow, and the medulla-oblongata, but not the nerves.

#### Toxic Effects of Iodide of Potassium.

Dr. Mecklenburg has observed symptoms of poisoning after the internal use of moderate doses of iodide of potassium in a man 28 years of age, suffering under gastralgia and swelling of the inguinal glands, but who had never had syphilis. Soon after the first dose, the patient was attacked with sharp pains in the eyes, excessive secretion of tears, and burning of the nose and mouth. A moderate drink of milk was followed by active

vomiting and salivation. The countenance was deeply reddened, the upper eyelids swollen, particularly their tarsal borders, and of a bluish red. The patient was restless, threw himself about, complained of burning in the forehead, eyes, nose, mouth and throat; the burning feeling, though somewhat moderated, reached to the xiphoid cartilage. The extremities were cool, otherwise the skin was normal and perspiring. The pulse was small, weak, and moderately frequent. The tongue was normal. The mucous membrane of the mouth, throat and eyes appeared reddened. There was frequent sneezing, with free watery secretion from the nose, and inclination to cough. The vomiting soon ceased: exploration of the chest and abdomen gave nothing abnormal.

### Ergot and Coca in Paraplegia.

Dr. T. Verardini, in a communication to the Academy of Sciences of Bologna, details the action of ergot and coca-leaves in some cases of paraplegia, in which other remedies had been employed without benefit. He gave an infusion made from two to four grammes, or even more, of coca-leaves, with from one to two grammes of ergot, in 24 hours, and by the persistent use of the remedy he observed a nutritive and stimulating action, not only upon the heart, but also upon the nerve centres.

### Urtica Urens in Hæmorrhages.

Two European physicians, Benavente and Vernackaere. have employed a decoction of urtica urens, 60-80 parts of the plant to 1000 of water, of which a cupful was taken three times a day, particularly in passive hæmorrhage of the uterus. They speak in high terms of its efficacy.

### Quinine in Hypodermic Injections.

Prof. Wentzel Bernatzik recommends for the purpose of subcutaneous injection, a solution of quinine in sulphuric ether. The alkaloid may be precipitated from a solution of its sulphate by ammonia; after being washed and dried, it is dissolved in ether, which is then evaporated to the requisite degree of concentration. B. recommends a solution containing .05 grm. (¾ gr. of quinia, equivalent to 9.3 of a grain of the sulphate), dissolved in a cubic centimetre (a little better than 15 min.) of ether.

### Veratrine in Neuralgia.

Hector Bertrand testifies to the efficacy of veratrine in neuralgia, particularly of the trigeminus nerve. He employs the ointment composed of from 30—40, or even 50 centigr. of veratrine, 25 centigr. of morphia and 30 grammes of lard. This is rubbed along the course of the affected nerve. In 5—10 minutes a gradually increasing feeling of warmth, accompanied by a crawling sensation (tingling and numbness?) is felt, without apparent alteration of the cutis. As this feeling increases, in about 15 or 20 minutes the pain loses its activity. A cure is commonly effected by three or four repetitions of the frictions.

### Ergotine in Purulent Absorption.

It appears from the observation of M. Labat, a physician of Bordeaux, that the administration of ergotine after amputations is attended with the most beneficial results. The ergotine is given after the operation, and each day up to the day when the ligatures come away, the medium dose being from five to six grammes. M. Labat's memoir on the subject, which was presented to the Société de Chirurgie, records fourteen cases treated in this way.

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### The Inoculation of Tubercle.

The *London Lancet* gives the following summary of the important labors of the Commission appointed by the Academy of Medicine to investigate the alleged discoveries of Villemin in this sphere:

This Commission was composed of MM. Louis, Grisolle, Bouley, and Colin. M. Colin read the Report in the name of the Commission, and included in it an account of several experiments by the Commission, which yielded results essentially similar to those obtained by M. Villemin. At the very outset of the Report there occur words which indicate the opinion of the members of this Commission on the main conclusions of M. Villemin. They give him credit for throwing light by physiological experiment on medicine, and say that the two memoirs presented by him to the Academy, on the 5th of December, 1865, and on the 30th of November last, reveal to us a fact of the highest interest—the transmission of phthisis by the inoculation of tuberculous matter. Their endorsement of M. Villemin's main conclusions is all the more effective from the fact that they do not hesitate to say that in one or two minor points he has come to hasty or incorrect conclusions. Two of these are in particular pointed out. First, they aver that M. Villemin was inexact in believing that sheep were insusceptible of tuberculosis, and that he too quickly concluded that the tubercles in the cow and those in man were of the same nature. Mr. Colin, as we have said, gives in the Report an account of the various experiments with the inoculation of tubercle by the Commission. Some of these failed; but the most of them succeeded perfectly. The failures were suggestive to M. Colin. He procured from M. Villemin a specimen of the tuberculous matter used by him. This included fragments of various kinds of tuberculous matter, old and recent, transparent and grey, firm and softened. He reduced all into a homogeneous pulp, and inserted portions of this into four rabbits at the base of the ear. Only one of these animals became affected with tuberculosis. M. Colin accounts for the failures principally by the fact that in examining two of the animals he found that the tuberculous matter inserted had become encysted at the seat of the wound, and so had become protected from absorption. In his subsequent experiments he was careful to go deeper, and to spread the matter over a larger surface, and so he obtained success. These later experiments are valuable, not only as additional to M. Villemin's, but as made with every distinct form of tubercle used separately. Fine miliary tubercle, softened caseous matter, hard tubercle taken from an ox affected with the calcareous

form of phthisis, yellowish tubercle in course of the so-called regressive metamorphosis; and lastly, slices of a tumor full of strongles taken from a sheep affected with verminous phthisis, were all used, and all with similar results. We shall give as a specimen M. Colin's account of his first experiment. It illustrates not only the phthisical result obtained, but the effects produced in nearly all M. Colin's experiments on the lymphatic vessels and glands, and upon which he founds important conclusions:

"A rabbit was inoculated with fine miliary granulations taken from a cow. He died, with all the appearances of phthisis, after two months and some days. The lungs were strewed with tubercles; the liver, the spleen, and one of the kidneys presented tubercles; the glands of the neck and of the ear were swollen. Finally, from the point where inoculation had been effected there proceeded white tracks, like farcinous cords [des trainées blanches, semblable à des cordes farcineuses]."

The glandular results are thus described in the second experiment. The rabbit had become tuberculised after the inoculation with softened caseous tubercular matter:

"The inguinal glands, the axillary, the prepectoral on the side of inoculation, were hypertrophied and penetrated with matter of caseous aspect."

The principal conclusion to which the various experiments led, is thus stated in the report: "Thus in all the degrees of its evolution, and in all its forms, tubercle comports itself in an identical manner."

An interesting question is, the extent to which the contagious or inoculable character of tubercle is possessed by it exclusively. The experiments of the Commission show that a great variety of substances, under the generic name of "tubercle," have the quality of reproducing themselves in the central organs; and they go to show that all inflammatory products have a similar tendency, including pus. The exact relation of tubercle to inflammatory deposits is yet a moot point amongst pathologists. All that can be said here is, that experiment shows that there is a considerable similarity between the deportment of tubercle and other inflammatory products when inoculated. According to M. Colin, the other inflammatory products act in the same direction, but not to the same extent, as the grey granulation. "Les produits morbides présentés comme des resultats d'inflammation ou de regression n'agissent pourtant pas autant que la granulation grise."

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### The Contagium of Cholera.

The *British Medical Journal* says: "The researches of Kolb and Thomé on the vegetable *mucedo*, which they have observed in the intestinal contents of cholera patients, have already been more than once referred to by us. Those who wish to follow up the subject will find the details in Kolb's monograph, *Des Cholera Processus*, Leipzig, 1867; and Thomé's paper on "Cylindrotænia Choleræ Asiaticæ," in Virchow's *Archiv*, 38, xiv, tab. vii. Professor Hallier of Jena has published recently an elaborate research on this subject (*Das Cholera Contagium: botanische Untersuchungen, von Aerezten und Naturforschen mitgetheilt.* Leipzic: 1867.) By an elaborate series of experiments, he gives a complete account of the culture of the organism found in the rice-water evacuations and vomited matter of cholera patients, which he identifies as colonies of *micrococcus*, the fruit of an *ustilago*. He says: "The most important fact in the appreciation of the *mucedo*, in its relations with a (hypothetical) contagium of cholera, is its energetic and almost inodorous decomposition of azotised matters by the *cists* of the *micrococcus*, at a high temperature—25–37°; the intestinal epithelium is completely decomposed by the *micrococcus*. If we reflect that the cholera is essentially characterised by the decomposition of the intestinal epithelium, and that the *micrococcus* produces this decomposition, there is no room for seeking or admitting a choleraic contagium beyond the colonies of *micrococcus*." The practical application of these researches to the use of various chemical disinfectants is borne in view. The author supposes that the *mucedo* takes its origin on the banks of the Ganges; that it is produced on the rice, and forms part of the *ustilago*."

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### The Coptis Trifolia.

Dr. Potter of St. Louis has taken up this long neglected tonic, commonly called the gold thread, and having given it a trial, sums up his experience in the St. Louis *Medical Reporter* as follows:

This useful tonic has of late years been almost entirely neglected, although it is one of the best simple bitters that grow in this country. As is well known, it is an evergreen, with a perennial creeping root of a bright golden yellow color, whence its name, gold thread. The leaves are ternate, and stand on long slender stalks, while the flower-stem is round and longer than the leaves, and surmounted with a quite small white flower. It grows abundantly on this continent, from Canada to Virginia, in wet and boggy places. It flowers in May. All parts of the plant may be used, but the root is only officinal. This occurs, dried in loosely-tangled masses of long thread, like filamentous roots, generally commingled with leaves of the plant. It has an orange-yellow color, is almost without smell, and a pure simple bitter taste. Professor Procter is of the opinion that the bitter principle is berberina, an alkaloid existing in several of the bitter plants; and judging from its general effect, I should presume his opinion is correct. It contains little if any tannin. I found the gold thread a most valuable remedy in dyspepsia, and general debility following cinchona in the treatment of protracted cases of intermittent fever, where we wish to increase the appetite. It is also especially useful combined with ptelia, or genticus, as a promoter of the appetite in marasmus and female diseases; in the latter it is peculiarly beneficial. My usual prescription is one ounce each of the coptis trifolia and ptelia trifoliata, and one-half ounce race ginger, put in one

quart of diluted alcohol. Of this give a tablespoonful three times a day. When the above is not acceptable to the stomach, omit the ptelia, and increase the quantity of the coptis.

A decoction of the coptis, sweetened with honey, has long been used as a wash in aphthous sore mouth of children, but is hardly active enough to be of much benefit.

I feel it always preferable to use remedies indigenous to our own country, and trust to be able to call attention, from time to time, to other native plants, the use of which has been neglected for want of proper notice and trial.

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### Permanganate of Potash in Acute Rheumatism.

By C. M. Fenn, M. D., of San Francisco.

An extract from a clinical lecture delivered by Dr. James F. Duncan at the Adelaide Hospital, some time since directed my attention to the use, among other remedies, of permanganate of potash in the treatment of rheumatism. I promised myself to make trial of the remedy at the first opportunity. Regarding the so-called chemical theory of the etiology and pathology of rheumatism as, at least, the most plausible; and believing the efficacy of the other salts of potash in that disease to be largely due to the measure of oxygen which they contain, itseemed to me that in this salt we possessed a remedy admirably adapted to meet all the indications; and that from the fact of its containing so large a proportion of oxygen (KO, $Mn_2$ $O_7$), and holding the same in such loose affinity, we should be enabled most speedily to promote the transformation of lactic into carbonic acid. In apparent corroboration of this view, I append the record of three cases.

*Case* 1. Mr. S——, salesman, æt. 30, after some unusual exposure, was prostrated by a severe attack of rheumatism. Upon an examination of his case the new remedy recurred to my mind. But the urgency of his symptoms was such, that it seemed preferable to make use of the medicines we had some confidence in, rather than to fly to others we knew not of. He was, therefore, ordered a preparation of potass. iodid.; vin. colch. sem., etc., and submitted to à hypodermic injection of morph. acetas, one-fourth of a grain. To modify the exhausting and troublesome perspiration, he used, on the third day, a vinegar vapor bath, with no appreciable relief. On the fourth day, discovering no change in his condition, other than might be ascribed to the daily hypodermic injections, I requested him to suspend the mixture and have half a grain of the permanganate, three times a day. At my next visit on the following evening, I was surprised at the marked abatement of all the symptoms. The tongue was quite clean, the perspiration no longer exeessive or disagreeable, and the pains were so far relieved as almost to preclude the continuance of an anodyne. His convalescence was now constant and rapid, and on the tenth day from the commencement of the attack he was again at his post.

*Case* 2. Mrs. G.——, æt. 35, of full habit and previously healthy, was attacked during the passage from New York. There had been a considerable amelioration of the more violent symptoms at the time of her arrival here; but some of the larger joints were still tumid and painful. The permanganate of potash was resorted to, and in a few days she was able to attend to her household duties.

The third case I regard as, in some sense, a crucial test of the remedy. The patient, a man in middle life, had long been a victim to chronic rheumatism: some of the joints had become permanently distorted with tophaceous deposits, and the malady was so far incurable. This was varied, however, at intervals of two or three months with acute attacks which apparently resisted all the usual remedies, and expended their force in from two to three weeks. I had previously attended him in several of these attacks, and found the common remedies, colchium, acetate of potash in large doses, etc., of but little avail. I now put him on the permanganate, and had the pleasure of seeing him on the street in seven days.

I find the raspberry syrup to be the best menstruum, as it disguises the somewhat nauseous taste of the medicine completely.—*Pacific Med. and Surg. Jour.*

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### Prostatitis Resulting in Abscess Opened Through the Rectum.

Mr. P. C. Little communicates to the *Medical Press and Circular* of Dublin, an interesting case of prostatitis supervening on gonorrhœa, in which on the fourth day after the case came under his supervision he detected and opened a prostatic abscess through the rectum. The patient made a complete recovery in a fortnight from the invasion of the disease. He appends to the case the following summary of the symptoms, pathology, etc., of this distressing complaint:

The symptoms which this case presents are those which generally accompany prostatitis, and which I may be permitted to summarize thus:

1. Retention of urine.
2. Pain in lower part of rectum, or perineum.
3. Distressing tenesmus.
4. Throbbing at anus.
6. Prostatic tenderness.

These conditions leave little doubt as to the nature of the disease. 1. The retention arises from occlusion of the prostatic portion of the urethra by the inflammation, which may either implicate the whole organ, and so concentrically close up the canal; or, what is more usual, may attack one of the large lobes, and so obstruct and displace the urinary passage. In the present case the latter was pushed to the left side, by the inflamed right lobe. 2.—3. The immediate union of this gland with the lowest portion of the intestines, and sphincter ani, accounts for the pain in the rectum or perineum, and the tenesmus—so urgent and prominent a symptom. 4. At an advanced period, throbbing at the anus was a remarkable feature. When it exists, we may look upon it as announcing the formation of matter. I have observed that this condition more generally accompanies the formation of

matter in certain local inflammations than do rigors. In the case before us, there was only one distinct rigor. 5. The general systematic disturbance in this disease is probably owing to the peculiar nervous relations of the prostate. It is closely united with the great nervous centres, through the "plexus seminalis" of the sympathetic, which, after supplying the vasa deferentia, and vesiculæ seminales, break up into innumerable minute branches, which ramify upon, and terminate in the gland; and it is a physiological fact, that sensibility is greatest at the extremities of nerves. 6. Tenderness of the prostate, ascertained by digital examination, completes the diagnosis.

The pathology of inflammation of this gland is still obscure in some respects, although much light has been shed upon it by the investigations of Kolliker, Virchow, V. Ellis, Jarjavay, and other modern physiologists and microscopic anatomists.

We may inquire by what means gonorrhœal inflammation of the prostate is excited.

1. Is it of metastatic origin? 2. Is the virus communicated to the gland by continuity of surface? 3. Do the veins and lymphatics of the urethra carry the poison to the gland upon which they form a net-work? 4. Is it a rheumatic development of gonorrhœa? 5. Or, is it the effect of two or more of these causes united?

We may reasonably believe that it originates in some of these ways; and, in the generality of cases, is propagated, simply by continuity of surface—the inflammation extending along the urethra to the gland through its numerous excretory ducts. What is the character of this inflammation? Is it erysipelatous, or phlegmonous? It is difficult to discover any rule on this point. But from analogy, we may infer that inflammation of the cellular covering of the organ will likely assume an erysipelatous type; while, upon the same principle, inflammation of the substance of the prostate may be phlegmonous. The products of the inflammation are variable, depending upon the part diseased. Inflammation, in one case, of the covering of the gland; in another, of its excretory ducts; and, in another, of the organs of secretion, should not be followed by similar pathological results. A careful examination of, and inquiry into the special circumstances of each case, will assist materially in deciding this point, as well as the others referred to.

The treatment was, I think, rational, and suggested by the circumstances of the case. My first object was to empty the over-distended bladder. In this I succeeded by the careful use of a gum-elastic catheter without stilet, as advised by an able and accomplished Irish surgeon, the late Mr. Rind. I need scarcely remark upon the wisdom of that advice. With this flexible instrument, there is much less danger of making false passages, and much more likelihood of insinuating its point through a distorted and inflamed urethra, than there would be with an unyielding one.

The emetico-cathartic mixture produced most useful aperient and diaphoretic effects. The local blood-letting was not followed by the desired results. Here I may call attention to the propriety of direct leeching of the inflamed prostate, and the necessity of confiding that duty to a qualified person, who will perform it *efficiently*. The question arises, should mercury have been administered? I should be slow to give it in such cases where the inflammation confines itself to the gland. I would not hesitate to do so should the disease implicate the bladder or peritoneum, as sometimes happens.

Early incisions for the evacuation of matter are necessary. Neglect on this point may lead to dangerous consequences; such as extension of the inflammation to important adjacent structures, recto-vesical fistula—the abscess having burst into the rectum, or into the neck of the bladder, forming the nidus for a calculus; irritative fever, pyemia, exhaustion, and death. Where and how should the incisions be made? The practice adopted by some of plunging a knife through the perineum into the prostate, seems unscientific and inhuman, and may not achieve the object in view.

What are the chief objections to it? A large branch of the pudic artery may be divided; the bladder, the rectum, or urethra may be opened, and an intractable fistula created; extravasation of urine, and diffuse cellulitis may ensue. Again, it appears very objectionable to attempt to open a prostatic abscess, the position of which is unknown, by thrusting an inflexible instrument through the urethra in search of it. False canals may thus be made, the natural one, no matter how tortuous, may become still more so; the catheter may not be able to enter the bladder, from the swelling induced, and complete retention may result from this "heroic treatment."

If the matter be in either the right or left lobe, or the prostatic capsule, which a *tactus eruditus* will soon determine, there can be little danger or difficulty in tapping it through the rectum, and with little or no pain, as in the case under consideration. This method is approved of by Nélaton, and other French surgeons of distinction. A bivalve speculum, of such calibre at the anal extremity as to admit the index finger for exploration, and a long bistoury, with the edge sharp only toward the point, will be most suitable for the operation. Time should be taken for the introduction and divarication of the speculum, on account of the unusual tonic condition of the sphincter ani in this disease. This strong tonicity appears to me to be the only fair objection to this mode of letting out the matter. On the withdrawal of the instrument, the muscle powerfully contracts, closes up the outlet made for the pus, and prevents any more from escaping. To meet this drawback, in the case before us I recommended active enemata of oil, turpentine, etc., which accomplished my desires. If the abscess confine itself to the middle lobe, or point towards the urethra, I can conceive no more appropriate means of treating it than by incision made through M. Desormeaux's endoscope, improved by Dr. Cruise.

In the after management of the case, it may be useful to apply nitrate of silver, or some such stimulating astringent, to the abscess, which may readily be done through the instruments of

which I have just spoken. It may be necessary to draw off the water after the evacuation of the pus. Should it be so, we shall have a safe guide into the bladder, by carefully pressing the instrument along the upper surface of the urethra—a rule for the introduction of the catheter inculcated by Mr. BUTCHER.—*Review of Medicine and Pharmacy.*

### On the Treatment of Infantile Diarrhœa.

BY DR. BUIZ.

Dr. BUIZ expresses the following opinions, as the results of his experience, on this subject:

"1. The diarrhœa of spoon-fed infants generally yields to the addition of a small quantity of bicarbonate of soda or of lime-water to the milk.

"2. In summer-diarrhœa supervening without any tangible cause, from one-sixth to one-quarter of a grain of calomel three or four times a day, associated with an equal amount of ipecacuanha, will often be found efficacious. If the indisposition is consequent on exposure to cold, minute doses of opium are appropriate.

"3. Chronic diarrhœa resulting from various causes may in most cases be checked with nitrate of silver, one-sixth of a grain of which may be exhibited without risk. This remedy is sometimes, however, rejected by the stomach, and should then be replaced by tonics and vegetable astringents.

"4. Diarrhœa combined with anæmia and impaired nutrition, is often the result of a state of decomposition of the blood, for which the best remedy is the proto-iodide of iron. In such cases bismuth is frequently unavailing, whereas in doses of half a drachm three times a day it is invariably successful against intestinal relaxations referable to tubercular ulceration. The causes of intestinal catarrh are, however, so obscure, that in many instances the treatment must be empirical."—*Journal of Practical Medicine & Surgery.*

### Animal Electricity.

M. SCHULTZ SHULTZENSTEIN has lately published his investigations of the relation of electricity to muscular action. His novel and startling conclusions have been thus formulated:

1. The supposition that living muscle produces electricity is incorrect. If needles be plunged into the foot of a living animal and be placed in connection with a galvanometer, no deflection of the galvanometer needle occurs.

2. Muscles removed from the body give evidence of electricity, but this is because of the combination of the decomposing tissue with the oxygen of the air.

3. Salt water causes the galvanometer needle to be deflected. This explains why salted meat gives evidence of electricity.

4. The supposed electric current in the human muscle is solely caused by the salt water in contact with the tissue.

5. In diseased structures the electric current is derived from the decomposing tissues.

6. The electricity of the secretions is also derived from the decomposing tissues.

7. Animal electricity is an illusion.

The author has requested the French Academy of Sciences to appoint a commission to witness and report on the experiments upon which his conclusions are based.

# Reviews and Book Notices.

### NOTES ON BOOKS.

Medical journalism is becoming so prominent a part of medical literature, that it is taking a part by itself in bibliography, *teste*, the essay of Dr. CHEREAU, which has just appeared in Paris, "Sur les Origines du Journalisme Medical Français," which both gives a history of the subject and a list of all the medical journals which have yet seen the light in France. Dr. ED. BECQUEREL has recently brought out in the same city, a work on "Light, its Causes and Effects," which may be founded on Dr. WINSLOW'S, of a similar title. The study of Dr. L. OBERLIN, entitled, "A Systematic Survey of Medicinal Plants, Alimentary Vegetables, etc., with Indications of their Proximate Principles and Elementary Formulæ," should be valuable. Undoubtedly, the highest round in Parisian surgery is now in possession of Professor NÉLATON. He deserves it, and we are glad to see that the second edition of his Surgical Pathology, greatly enlarged and thoroughly revised, is now in press. Entertaining reading for apothecaries must be contained in the "Report of the General Congress of French and Foreign Pharmaceutists," which was held in Paris this last summer. It gives 257 pages for three francs.

In New York, Prof. GEO. T. ELLIOTT has in press a series of "Clinical Lectures on Obstetrics," and Dr. A. RUPPANER, a work on "Laryngoscopy and Rhinoscopy," to which he has devoted much attention. Dr. T. G. THOMAS' "Treatise on the Diseases of Women," about which several correspondents have inquired, is now in press, and will shortly be ready. We have understood that Dr. STILLÉ is preparing a new edition of his Materia Medica. The second volume of the Sanitary Commission's Reports is in press. It is on the Medical Labors of the Commission, and will be edited by Dr. AUSTIN FLINT. Other volumes will follow, on topics connected with surgery and military medicine, edited, we believe, by Drs. HAMILTON, HAMMOND, KRAKOWITZER, and others.

—— The death is announced, of Dr. SMITH, for many years senior-physician at the Royal Berks Hospital, and father of Prof. GOLDWIN SMITH.

Medical and Surgical Reporter.

PHILADELPHIA, NOVEMBER 9, 1867.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

### NOTICE TO SUBSCRIBERS.

From the 1st of January, 1868, we shall strictly enforce again, our old rule requiring payment in advance. For reasons given some years since, pre-payment has not been insisted upon—but the circumstances of the country are now such that we feel warranted in again requiring it.

☞ Those who have not yet paid for the current year, will please remit immediately. There are several thousand dollars due on current subscriptions, which must be paid soon to insure a continuance of the Reporter to the delinquents. The amounts are insignificant to subscribers, but the aggregate is large enough to be embarrassing to us.

☞ With this number and that for last week, we reluctantly cease sending to some subscribers who are in arrears. Otherwise we would be obliged to enlarge our edition—an expense we do not feel disposed to incur for those who are in arrears.

### CLIFTON HALL.

We would call the attention of our readers to a communication in another column from Dr. R. A. Given, Superintendent of Clifton Hall, a private institution for the Insane, near this city. In a recent visit, we were impressed with some of the advantages it possesses. They are in brief—an intelligent Superintendent, who has had many years' experience in the treatment of the insane, three of which were in the Pennsylvania Hospital for the Insane,—a building and grounds beautifully located, and well adapted to the proper treatment of the patients, according to the most approved methods. The number of patients not being large, the whole appearance of the establishment is more that of a private boarding-house of a high class, where every one feels at home, than of a hospital, though the institution is in all respects a first class hospital.

We were equally surprised and gratified to meet one patient there, "clothed, and in his right mind," who was formerly under our care, and who was then a most unpromising case. In addition to the professional care he received, the surroundings of the institution and the associations were calculated to have a beneficial effect on him, without which, we doubt whether any medical treatment would have been of any avail whatever.

It will be observed that Dr. Given has announced his determination to receive no more inebriates into his institution. He has accommodations for about forty patients,—twenty of each sex,—and with his fine location and facilities for treatment, added to his professional abilities, his rooms should be filled. The institution is located at a very convenient distance from the city, and is easily reached by rail on the Westchester Railway, or by a fine drive down the Baltimore turnpike. It will well repay a visit from any of our readers.

### PRECEPT AND PRACTICE.

A correspondent, none of the most dilatory, as *he* transmits us an acceptable V., deals what may seem "a hit, a palpable hit" in the following terms: "Can't you work without pay, according to the doctrines of the medical profession that you advocate, viz., that ours is not a trade or business, but is engaged in, merely for the good of the human race? It is a bad rule that don't work both ways." But let us draw a distinction. The clergy receive pay; they could not work without it; and that the laborer is worthy of his hire, is most true with all. Yet the clergyman who sees nothing in his occupation more cheerful than drawing his salary; the army officer who acknowledges his highest satisfaction in presenting his pay account; the statesman whose chief joy comes from the treasurer's office; is not the model man in either station. While all merit a compensation for services rendered, which neither in precept nor in practice (as our delinquent subscribers will doubtless testify), are we inclined to deny, yet every profession will lose which makes this compensation its highest aim. The services of the physician should be paid promptly and paid well, but this pay should not be the exclusive, nor the chief stimulus to his efforts.

### London Medical Students.

We clip the following items from an exchange. It would appear that the British public cannot complain of want of medical attendants; rather, perhaps, the complaint will be *nimia diligentia*, etc.:

"The publication of medical, surgical, and chemical works is said to be steadily on the increase in all countries. Last year, 1866–7, the medical students in London alone numbered 1355, and were divided amongst the eleven medical schools thus: Guy's, 300; St. Bartholomew's, 245; University College, 200; King's College, 170; St. George's, 90; London Hospital, 75; St. Mary's, 75; Middlesex, 70; St. Thomas's, 60; Charing Cross, 40; Westminster, 30."

# Notes and Comments.

### A Novel Operation for Cataract.

Dr. N. L. Folsom, of Portsmouth, N. H., sends us the following account of a novel operation for cataract:

On the 6th of July, 1866, a boy, sixteen years old, by the careless use of a toy cannon, had his eyes injured with gunpowder, and the crystalline lens of the left eye was burst, leaving the capsule suspended back of the pupil, causing total blindness in that eye. He was put under the influence of an anæsthetic, and the grains of powder removed from the corneas of both eyes. He finally recovered, with one good eye, and the other totally blind.

Some nine months afterward, after he had entirely recovered, with the exception of the blindness of his left eye, he was holding a hen in his arms. She saw this eye glisten, and pecked into it, and caused the opaque membrane of the crystalline lens, back and across the pupil, to drop from its fastening, below the pupil, so that now, with the use of a cataract-glass, he can see well to read with that eye. Without the cataract-glass, he cannot read with that eye at all.

### Aloin.

A correspondent writes that he has for some time been experimenting with aloin as a purgative. It is somewhat expensive, but he is confident that when properly prepared, it is "the best catharic ever discovered, even as a cholagogue not surpassed by *hydrarg. chlor. mit.* in the large majority of cases." Granules of aloin alone he thinks might advantageously be prepared.

# Correspondence.

## DOMESTIC.

### Dr. Banning's Braces.

We have, on our table a number of communications in reference to Dr. Banning's Braces, and it seems proper to give publicity to portions of some of them.

Dr. D. B. Allen of West Liberty, Ohio, writes:

"With an experience of a quarter of a century in the profession, I am compelled to say that there has been no class of diseases that have given me more perplexity, and none that I have treated so unsatisfactorily to myself, as the various forms of uterine displacements. Since I have read Dr. Banning's papers, I have ordered a number of his appliances, and especially must I speak in commendation of his brace and balance.

"I will cite two cases only for the present, in which I used the brace and balance with entire success. I will just say these cases had been under treatment of a number of respectable physicians before they came into my hands, without any lasting benefit.

"The two cases to which I refer, were extreme cases of procidentia with ulceration of the os; one of eight and the other of four years' standing, with an exhausting leucorrhœa and menorrhagia.

"One of them had become so anæmic when she came under my care, that her friends supposed her case entirely hopeless, and only expected to have her suffering made tolerable until death should close the scene. I applied Banning's brace and balance, and the moment the instrument was adjusted, the patient brightened up into new life, the dragging pain in the back, burning heat on top of the head, confusion of mind, and gloomy foreboding, were all gone. In her own language: "I am in a new world, the weight is all gone, I have not felt so for years." Since that time (a period of five months) she has been rapidly improving; leucorrhœa all gone, catamenia normal, rests well at night (something that she has been a stranger to for years.)

"The second case to which I refer, had not become so much reduced, but the symptoms were none the less alarming. She had so much confusion of mind, that her friends became alarmed, for fear that she would become totally deranged. Relief in this case was just as satisfactory as in the former.

"Before closing this article, I will say I am very forcibly impressed with Dr. Banning's theory of mechanical support. Whether he claims too much for his appliances, or not, I am not able to say, as I have not yet had the opportunity of testing them as extensively as I trust I shall be able to do in the future. I make the above statements, because I not only consider them due to Dr. B., but to suffering humanity."

Dr. James D. Robinson, of Wooster, Ohio, writes:

"Mrs. ——, married, aged 35, was for several years the subject of an extreme retroflexion of the uterus, accompanied by chronic endo-metritis, with occasional acute attacks. So tender and enlarged was the uterus at all times, and so forcibly was the fundus crushed down upon the rectum, as to cause the usual obstructions to de-

fecation and micturition, and to utterly prevent its reposition at any time. In this case, both my predecessors and myself had faithfully plied every reputed general and local treatment, with only a temporary palliation. Varieties of supporters and pessaries were fully tried. From the former some mitigation was experienced, but the latter could not be tolerated, owing to the extreme tenderness of all the inter-pelvic parts and the immovable condition of the uterine fundus.

"Finally, failing to discern any rational prospect ahead for the patient, I induced her, by short stages, to visit Dr. Banning at New York, where (she informed me) she received no treatment but the adjustment of the *abdominal and spinal shoulder-brace and uterine balance combined*, as described by Dr. B., in his first paper, in the June 16th, 1866, number of the Reporter. The result was a complete cure."

Dr. Alvin Satterthwaite, of Mariner's Harbor, Staten Island, says, in a communication, "I have seen the practical application of those mechanical means in a long-continued case of uterine retroversion, with all the symptoms thereunto pertaining, promptly and completely cured."

Other cases have been reported to us verbally, and the testimony we have received is almost uniformly in favor of these appliances.

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### Clifton Hall, a Private Hospital for Mental Diseases.

Editors Medical and Surgical Reporter:

Gentlemen:—In common with all hospitals for the insane, a few inebriates have, from time to time, placed themselves under the care of this establishment. As separate provision, however, has now been made for the treatment of inebriates, through the philanthropic efforts of Dr. Joseph Parrish, I feel no longer called upon to receive them. Permit me, then, through the agency of the Reporter, to respectfully notify the medical profession that henceforward no inebriate can be admitted at Clifton Hall.

As few efforts have been made to place the claims of Clifton Hall before the public, as a desirable retreat for the care and treatment of those laboring under mental disease, a few words may not be out of place. The grounds, twenty-five acres in extent, are situated at Clifton, Delaware County, Pennsylvania, less than seven miles from the centre of the city of Philadelphia, and are accessible by the Baltimore turnpike, and Media railroad. The site is one of the finest in the country; salubrious and commanding a beautiful and extensive view. The house, though containing every necessary requisite for the treatment of the mildest or most violent case, in architectural arrangements is totally divested in all its parts of the prison like solidity and gloom unavoidable in large hospitals. My family and patients take their meals at a common table, differing in no respects from the tables of the educated classes elsewhere. A lady, a good musician and well-educated, lives in the same apartments and devotes her time to the lady patients, thus securing them on all occasions, an educated companion and watchful friend. The attendants are experienced, attentive and respectful. The small number of patients the house is designed to accommodate—about twenty of each sex—admits of the most accurate supervision on the part of the superintendent, and affords the patients direct access to him at all times, thus securing to each case the individual and particular attention requisite, and in a therapeutical point of view, indispensable to the hope of cure.

R. A. Given, M. D.

*Clifton Hall, Kellysville, Del. Co., Pa.*

*Oct.* 18*th*, 1867.

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### The Physician and the Apothecary.

Editors of Medical and Surgical Reporter:

I have seen in several of your back numbers, certain strictures on druggists, in reference to the sale of patent medicines; and in your last, that in New York city, those physicians that are connected with drug stores, are to be left out of the list of regular practitioners. Now I myself am connected with a drug store here, and I try to earn an honest living by it. I will not prescribe over the counter for any patient, unless I know their circumstances will not justify them in going to a physician, I then prescribe as a physician and charge nothing for prescribing.

I myself know that there is considerable *quackery* in the profession of medicine in this city. I can speak of one instance. A certain doctor ordered a prescription which, the gentleman—having a partiality for me—brought to my store to be filled. In the Dispensatory it is not mentioned. I told him to leave it, and I would see the doctor about it. He said the doctor told him he could not get it any where in the city, but at a drug store on Market street. However, I went to see the doctor in my capacity as an apothecary, and asked him how the tincture was made. He told me to go to this drug store on Market street, and I could get it. He refused to give me his formula, and so did the apothecary without the doctor's consent. I was compelled to purchase the tincture of the apothecary, and have not to this day been able to obtain the recipe. This doctor

stands high, and is the loudest in denunciation of *quackery*. Until physicians cease their *quackery* and receiving certain little bonuses from apothecaries, I think the apothecaries are perfectly justified in selling medicines, that come out honestly and acknowledge that they are proprietary or patent.

Another way the older physicians have here is this: A young man is called in, in a case of emergency, or perhaps some one wishes to employ a young physician, and asks some older physician, "Well what do think of Dr. so and so?" The physician answers with a toss of his head. "Oh! he is tolerable for ordinary cases, has not had experience, though, he may do after awhile;" but in such a tone and manner, that if the person had any idea of employing the younger physician, it was entirely dispelled.

I speak of what I know, and testify to what I have seen. Let us hear no more of the relation between the physician and the apothecary, until the profession of medicine is purged of all quackery and their skirts are clean of all sin.

"Fair Play."

*Louisville, Ky. Oct.* 26, 1867.

P. S. I did not see until after I had written the foregoing, the admirable letter of "Medicus" on Quackery in the Profession, I agree with him in every particuliar, and wish it would open the eyes of the profession, and cause them to act more honorably and liberally to the younger members of the profession. "Fair Play."

### Report of a Death from a Foreign Body in the Vermiform Appendage.

Editors Med. and Surg. Reporter:

Was called to see Miss S., aged 13, who lived ten miles in the country. Arrived about 11 o'clock at night; found her in a cold clammy sweat; pulse very much depressed in volume, and very rapid, so much so that I could scarcely count it; anxious countenance, with vomiting. From her attending physician, Dr. McWhorter, and parents, I learned the following history: Some six days before, she complained of a pain in the right iliac region, but not enough to call in medical aid. Some household remedy was resorted to, with apparent benefit, but she was not entirely relieved. Two days before I was called, Dr. McWhorter was called in, and treated the symptoms by poultices, cupping, blisters, etc. The bowels were open, very little tympanitis, her tongue not much coated. The evening of the night I was called, she suddenly screamed in intense agony, saying something had broken in her, and she had a slight operation on the bowels, but now the pain was referred to the right side immediately after. For this singular intense pain I was called, and found her as above described. From her previous history, I suspected perforation of the bowel, or an abscess opening internally, or a foreign body in the vermiform appendage, or ulceration. Palliative measures were adopted, morphia, etc., to quiet the stomach. She died in three or four hours after I first saw her.

In four or five hours after death, we examined the abdominal viscera, and found the appendage sphacelated and ulcerated into several holes, and containing three earthy-like concretions, about as large as small marbles, a large abscess had formed contiguous to it, and had given way into the peritoneal cavity, a quart of pus and serum filled the entire cavity, the bursting of which caused the intense pain felt at the time.

Although no possible treatment could have averted death in this instance, yet it is a gratification to diagnose such cases correctly, and as they are of comparatively rare occurrence, we give this, from the fact we were permitted to have an autopsy, and verify our diagnosis.

T. B. Camden, M. D.

*Weston, W. Va., Oct.* 1867.

## News and Miscellany.

### Summer Course of Lectures at Jefferson Medical College.

At a meeting of the Summer Class of Jefferson Medical College, held on the 16th day of October, 1867, I. Morrie Barton was called to the chair, and R. L. C. White appointed Secretary.

On motion, a committee was appointed to draft a series of resolutions expressive of the sense of the Class, with regard to the utility of the recently inaugurated Summer Course of Lectures, and of thanks to the members of the Summer Faculty; said resolutions to be submitted to the Class, for its approval.

At a subsequent meeting, the Committee presented the following resolutions:

*Resolved*, By the members of the Summer Class of Jefferson Medical College for the session of 1867, that we thoroughly estimate the value and importance of the system of Summer Lectures which has recently been inaugurated in this institution, the second annual course of which we have attended during the past summer; and that we are particularly appreciative of the great benefit which we have derived from the lectures upon important specialties, which have been taught and demonstrated with a care and explicitness which it is impracticable to bestow upon them during the regular Winter Course.

*Resolved*, That our warmest thanks are due, and are hereby tendered to Professors Samuel D. Gross, Ellerslie Wallace, B. Howard Rand, John B. Biddle, W. H. Pancoast, Drs. J. M. Da Costa,

F. F. Maury, J. H. Brinton, R. J. Levis, and W. W. Keen, the members of the Summer Faculty, not less for the unvarying courtesy and kindness which they have exhibited toward us individually, during our intercourse with them, than for the able, earnest, and successful manner in which they imparted to us instruction upon the subjects which constituted their several branches. (Signed,)

S. Henry Dessau, *Ch'n.*, R. B. Wallace,
A. M. Ramsay, A. A. Miller,
Craven Jackson, Edward North,
J. E. Loughlin, J. G. Brooks,
*Committee.*

The resolutions, being put to the house, were unanimously adopted.

On motion, it was

*Resolved*, That the Secretary be instructed to engross and present a copy of these resolutions to Dr. F. F. Maury, Secretary of the Summer Faculty, for transmission to the members thereof, and also, that a copy be furnished to the "Medical and Surgical Reporter," of this city, with a request for their publication.

I. Morrie Barton, *President.*
R. L. C. White, *Secretary.*
*Phila., Oct.* 1867.

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### Cholera.—Experiments on its Communicability.

While cholera was raging in England last year, the medical officer of the Privy Council, in view of the uncertainty prevailing on many points connected with the disease, and the principles on which it ought to be treated, obtained the sanction of the Privy Council to organize methodical attempts, "by the researches and observations of skilled persons, to narrow, if possible, the limits of those large uncertainties." One of these branches of inquiry was "the verification of alleged experimental proofs of the communicability of cholera," and it was entrusted to Dr. Burdon Sanderson, whose report thereon is appended to the ninth annual report of the medical officer of the Privy Council, recently published.

Dr. Sanderson has just made his report, which includes the results of some interesting experiments upon animals, following the course adopted in 1854 by Dr. Thiersch. Strips of filter-paper were steeped in the cholera matter at certain intervals after its removal from the body during life or after death, and from these papers, (when dry), the quantity of solid matter taken up by each strip was determined by the difference in weight before and after immersion. The material was thus obtained in every stage of decomposition, and in a form for administration in extremely small quantities. The animals selected for experiment were white mice.

Altogether one hundred and forty-eight mice were operated upon, and of these, fifty-three were more or less affected, and thirty-one died. Dr. Sanderson thinks that although the infective power of the poison was greatest in the third stage of its decomposition, yet in some instances its full virulence was manifest on the second day, notably in the experiments for testing the communicability of the disease from one animal to another, wherein out of twenty-seven animals operated upon, fourteen became ill, and thirteen died. The material used in these cases was administered within forty-eight hours of the death of the animal from which it was taken.

The cholera matter having killed one series of mice, it was found that the bodies of these animals, when devoured by a second series, communicated the original form of disease in undiminished virulence, the mortality ranging as high as fifty-seven per cent.; carrying on the experiment to a third series, a mortality of fifty per cent. resulted. "We have, therefore," says Dr. Sanderson, "evidence that the disease produced in mice by the administration of cholera material in small doses, can be readily communicated from the affected animals to others of the same species, and that when so communicated it is quite as fatal as when received primarily."

As regards the phenomena of cholera infection in mice during life, the most constant indication that an animal was under the influence of the poison, was the loss of mobility and excitability.

"At first the animal remains quiet, as if listless or drowsy, but it can be easily roused into activity; subsequently all reaction ceases. Whenever this condition of collapse exists in a well-marked degree, it is found that the temperature of the body is correspondingly diminished. Thus in animals so affected, readings of the thermometer were obtained as much as 20° below the natural standard. So extraordinary a loss of temperature seemed at first so incredible that I was inclined to believe that some error of observation had been committed, but repeated measurements confirmed the accuracy of the results. In general a very low temperature was a certain precursor of death, but in two remarkable instances recovery took place after the animals had remained motionless and apparently lifeless, with a temperature below 80°, for more than a day."

Dr. Sanderson's experiments with guinea pigs, hedgehogs, pigeons and dogs, do not appear to have yielded any important results. But Mr. Simon, in a comment on the report, remarks: "The impotence of the agent as against one sort of animal, is no disproof of its virulence against other sorts. The positive result of Thiersch's original experiments on mice, and of the experiments of Drs. Sanderson and Thudichum, would retain their full value in regard of the animals experimented on, even if all other animals should prove insusceptible of the influence; and that value, in explanation of the facts of human infection, is, in my opinion, conclusive."

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### Infanticide and Illegitimacy.

From the analysis of the judicial statistics in the *Solicitors' Journal*, it appears that, out of the 6872 infants under seven years upon whom inquests were held, 5523 were legitimate, and that only 1349 were illegitimate. This is a sufficient answer to those who allege that illegitimate children are usually the subjects of infanticide; and, in addition to this, while infanticide has most undoubtedly been on the increase, there has been for the last three years no material variation in the number of children dying a violent death upon whom inquests were held.—*Brit. Med. Jour.*

### The Pharmaceutical Congresses at Paris.

Two Conventions of Pharmaceutists occurred in Paris in the month of August, 1867. The *French National Congress*, representing by 100 delegates 55 Local Pharmaceutical Societies, in a general Congress, the eleventh of its kind; and the *International Congress*, representing the Societies of Europe and the United States. The subjects under discussion at the former were mainly professional, referring to the qualifications of practitioners of Pharmacy, the conditions under which pharmacies should be opened, the relations of pharmaciens and physicians, the annual visitation of shops by a board of inspectors, etc. The Congress embodied its views on these points in a series of 26 articles, which it is proposed to embody in a law through the agency of the Government. Among these articles are the following:—

Art. 1. "No one shall be able to take out a pharmaceutical patent, open a pharmacy, prepare, vend or sell any medicine or remedy, either for human medicine or in the treatment of animals, if he has not been recognized as a pharmacien according to the forms determined by law."

Art. 6. Foreigners will not be permitted to practice pharmacy unless they obtain a license and the French diploma.

Art. 7. A pharmacien cannot hold, directly or indirectly, more than one shop open to the public. He can practice in this shop no other profession but that of Pharmacy.

Art. 10. All association between a physician, surgeon, health officer, or veterinary doctor, having for its object the exercise of Pharmacy, is interdicted; and all collusion or trickery between these classes is equally forbidden.

Art. 11. The simultaneous exercise of medicine and pharmacy is interdicted, except in certain specified cases in country practice.

Art. 15 refers to the action of a syndic chamber in visiting shops annually, assited by a commissary of police or the mayor of the commune, to insure the good quality of medicines. The members of the syndic chamber to be elected by the pharmaciens of each department of France from among their number.

Certain scientific questions were also discussed, and medals granted for the best papers in reference to the solaneæ and the tannins.—*Am. Jour. of Pharmacy.*

### Splanchnoscopy.

If one holds an egg before a bright light, it is seen to be translucent. If a bright light were introduced into the stomach, we could obtain a tolerably fair view of its anterior and lateral parieties, by a similar property of translucency. Impossible as this demonstration would seem to be, it has been successfully performed by M. Milliot of Paris. He introduces into the stomach glass tubes of small callibre, containing two platinum wires, connected with the electrodes of a powerful battery—the apparatus of Middedorpf he prefers—and thus kindles an intense light in the cavity. Tumors in the abdominal walls can thus be demonstrated, indurations and ulcerations detected, and indeed to what extent diagnosis may not be facilitated, it were premature to say. Certainly the idea is novel and worth considering.

### Weight of the Human Brain.

In the *Archiv für Anthropologie*, Dr. A. Weisback has been giving several articles on the relative weight of the brains of the populations of the Austrian empire, in respect to the bodily size, age, sex, and diseases. Some of his conclusions are as follows:

"Among Germans 20 years of age, those of medium height have the largest brains.

"With increasing size the cerebellum increases, while the cerebrum relatively decreases.

"In chronic sickness the total weight of the brain decreases, but the decrease is confined to the cerebrum and the pons, the cerebellum relatively increasing.

"The total weight of the brain, and the actual weight of the cerebrum are greatest at about the age of thirty, from which period both steadily decrease until at the age of 80, ten per cent. is lost.

"The pons varolii increases to the fiftieth year, and then steadily decreases, sometimes 17 per cent. in a decade.

"On the whole the female brain is smaller than the male, but in certain races this difference is confined to the posterior, in others to the anterior segment.

### Medical Humbugs—Quackery.

The *American Agriculturist*, which has a circulation of over 100,000, is constantly exposing all kinds of humbugs, and quackery in medicine, of all sorts. Here is a specimen from the November number:

The medical humbugs are still extant, though we have not given them much attention of late. The most recent demonstration that we have seen is that of Dr. H. R. Burner, whose four page circular is a curiosity in its way. It informs us that the "Union Combination Medical Association of Great Britain" has invested $275,000 "in the United States, to aid and assist suffering humanity," which is a very handsome thing of them to do. They publish a certificate from "the Executive Department, Washington, D. C.," signed "G. F. Attendon, General Surgeon." Now we would like to know just what the "Executive Department" does with a surgeon, though if it must have one, "Attendon" is a good name for him. "Remember," says the circular, "he, (Dr. Burner,) is not to be classed with the Traveling Impostors of the land." Very likely not, but as he "guarantees a cure in every case undertaken," we class him with those belonging abroad. This Doctor B. is endorsed by the "President" of the "Union Combination Medical Association," "branch office, No. 209 Broadway." The seeker after this office on Broadway would appropriately bring up in St. Paul's Church-yard, which is where 209 would be, if there were such a number. The superstitious might think this indicative of the fate of those who take the "French Remedies," or try to prove the statement of the

circular that "the Doctor has a balm for every wound."

### Medicinal Roots and Herbs.

A new branch of industry is springing up in South Carolina. The gathering of medicinal roots and herbs. The trade has not yet reached any commercial importance—amounting to one or two thousand dollars a year—but it is rapidly increasing, and may become important. The articles gathered in the surrounding country, and bought by merchants here for the New-York and Charleston markets, are chiefly the following; Ginseng, Seneca snake root ladies' slipper, but, ton snake root, pink root, puccoon root, May apple, liverwort, sumac, yellow dock, blackberry root, wormwood, spikenard, black snake root Samson snake root, white snake root, sarsaparilla, silk weed, queen's delight, queen of the meadow, Solomon's seal, colt's foot, devil's bit, Indian turnip, columbo, butterfly root, rattlesnake root, poke berry and root, slippery elm, mountain birch bark, sassafras pith and golden rod.

### Treatment of Inebriates.

Dr. Day, the Superintendent of the Binghamton (N. Y.) Inebriate Asylum, publishes a letter, in which he advocates the practice of totally withdrawing from the habitual drinker all liquor, in opposition to the prevalent idea that the patient must be gradually weaned from the use of alcoholic substances, and founds his assertion on the fact that he has treated 2,500 cases of inebriety during the past ten years. He believes that the man who has been in the habit of drinking a quart of liquor per day will suffer more by being allowed only a pint and gradually less within the same lapse of time, than he will if he is kept altogether from the use of it. The blood of such patients is, in his opinion, poisoned by the substances which alcoholic liquors contain, and he does not, therefore, see the necessity of administering any more of such poisons, even in the infinitesimal doses. He believes that nothing short of absolute abstinence will keep the inebriate cured after he is raised up from his former life of degradation.

—— Changes. The following gentlemen have resigned their respective chairs in the *Long Island College Hospital.*—Professors Chapman, Enos and Hutchison.

—— M. Nélaton. It is not yet officially announced, but we may state it as certain, that M. Nélaton, the distinguished French surgeon, is about to give in his resignation as a Professor of the Faculty, and to be raised to the dignity of Senator.

—— Professor Nélaton's income from his profession amounts to the nice little sum of $125,000 a year. He has resigned his post as Professor of Surgery, and will probably be succeeded by M. Sappey.

—— The General Hospital in Birmingham, England, has just received the handsome gift of fifty thousand dollars from a gentleman of that city, who refuses to have his name published.

## MARRIED.

Birge—Elliot.—At Hector, Schuyler co., N. Y., Oct. 16th, by Rev. Wm. K. Platt, D. W. Birge, M. D., and Miss Samantha Elliot.

Conklin—Moulton.—By Rev. Wm. Laurie, at Stewartsville, N. J., Oct. 22d, Dr. Joel S. Conklin, of Cutchogue, Long Island, and Miss Sarah E. Moulton, of Stewartsville, N. J.

Field—Taggart.—At the residence of Dr. Jas. Taggart, May 22d, by Rev. Henry Keigwin, D. L. Field, of Jeffersonville, Ind., and Miss Alice Maud Taggart, of Charlestown, Ind.

Hurtt—Duncan.—In Cincinnati, at the residence of the bride's parents, by Rev. A. C. Hubbard, Leon H. Hurtt, Esq., of New York, and Miss Mamie M., daughter of Dr. W. C. Duncan.

Lindsay—Connell.—Oct. 10th, by Rev. Albert Hays, J. A. Lindsay, M. D., of Salineville, and Miss Maria E. Connell, of Summitville, all of Columbiana co., Ohio.

Murdoch—Moorhead.—Oct. 24th, by the Rev. D. H. Riddle, D. D., James B. Murdoch, M.D., of Oswego, N.Y., and Jennie A., daughter of Hon. J. K. Moorhead, of Pittsburgh, Pa.

Peckham—Olney.—In Providence, R. I., Oct. 29th, by the Rev. Dr. Swain, F. H. Peckham, Jr., M.D., and Miss Mary H. Olney, all of that city.

Reed—Campbell.—At Avondale, Delaware co., Pa., Oct. 23d, by the Rev. Dr. Reed, assisted by the Rev. Dr. Dale, Dr. Thomas B. Reed, of Philadelphia, and Miss Mary G. Campbell, only daughter of the late Archibald Campbell, of Philadelphia.

Rhea—Burdge.—At the parsonage in East Waterford, Juniata co., Pa., Oct. 17th, by the Rev. D. J. Beale, William M. Rhea, M.D., of Germantown, Pa., and Miss Mollie A. Burdge, of Huntingdon co., Pa.

Vickers—Hamner.—In Baltimore, Oct. 15th, by Rev. Dr. Hamner, assisted by Rev. J. Garland Hamner, Dr. Albert Vickers, of Brooklyn, N. Y., and Miss Jeannie Hamner.

## DIED.

Boynton.—In Lisbon, N. H., Oct. 1st, of typhoid fever, Herbert Carroll, son of Dr. O. H. Boynton, aged 3 years, 6 months, and 22 days.

## ANSWERS TO CORRESPONDENTS.

*Drs. M. & L., of Ind.*—Your previous communication was duly received and acknowledged in the Reporter for Oct. 19th.

*Dr. O. E. F., of Kansas.*—Your order was sent to an instrument maker. More by mail.

*Dr. T. J. M., of Pa.*—The Code of Ethics was mailed you on the 5th.

*Dr. S. W. M., of O.*—The apparatus of Codman and Shurtleff has been ordered.

*Dr. J. L. H., of W. Va.*—Beard on Electrization was mailed on the 23th ult.

*Dr. J. M. C., of Ind.*—Storer's Why Not? was mailed on the 31st.

*Dr. J. McC., of Iowa.*—Agnew's Ves.-Vag. Fist. mailed on the 31st. The other work we do not know. Perhaps the name was wrongly spelled.

*Dr. P. T., of Pa.*—"Are there any means by which the sex of the fœtus can be determined before birth, and what are the means supposed efficacious in engendering either sex at will?" Yours are very hard questions, but we will try to answer them in a future number.

*Dr. R. S, of Ky.*—The Pocket Record and the abscess bistoury were sent you on the 30th, by mail.

## METEOROLOGY.

| October, | 21, | 22, | 23, | 24, | 25, | 26, | 27. |
|---|---|---|---|---|---|---|---|
| Wind..... | N. E. | S. W. | N. | N. W. | N. | S. W. | S. |
| Weather.... | Cl'dy. | Cl'dy. Rain. | Clear. | Clear. | Clear. | Clear. | Clear |
| Depth Rain.. | | 2-10 | | | | | |
| *Thermometer.* | | | | | | | |
| Minimum..... | 55° | 54° | 49° | 35° | 34° | 37° | 39° |
| At 8, A. M..... | 58 | 64 | 58 | 42 | 49 | 45 | 45 |
| At 12, M..... | 65 | 65 | 67 | 52 | 56 | 57 | 58 |
| At 3, P. M..... | 66 | 65 | 66 | 58 | 57 | 58 | 59 |
| Mean..... | 61. | 62. | 60. | 46.75 | 49. | 49.25 | 50.25 |
| *Barometer.* | | | | | | | |
| At 12, M..... | 30.4 | 30. | 30.2 | 30.6 | 30.4 | 30.5 | 30.5 |

*Germantown, Pa.* B. J. Leedom.

PHILADELPHIA

# SUMMER SCHOOL

OF

# MEDICINE,

No. 920 Chestnut Street, Philadelphia.

ROBERT BOLLING, M.D.
JAMES H. HUTCHINSON, M.D.
H. LENOX HODGE, M.D.
EDWARD A. SMITH, M.D.
D. MURRAY CHESTON, M.D.
HORACE WILLIAMS, M.D.

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The Philadelphia Summer School of Medicine will begin its fourth term on March 1st, 1868, and students may enjoy its privileges without cessation until October.

The Regular Course of *Examinations* and *Lectures* will be given during April, May, June, and September.

FEE, $50.

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OFFICE STUDENTS will be received at any period of the year; they will be admitted to the Summer School and to the Winter Examinations, and Clinical Instruction will be provided for them at the Pennsylvania, Philadelphia, Episcopal, and Children's Hospitals. They will be given special instruction in the Microscope, in Practical Anatomy, in Percussion and Auscultation, in Practical Obstetrics and Pathology. They will be enabled to examine persons with diseases of the Heart and Lungs, to attend Women in Confinement, and to make Microscopical and Chemical Examinations of the Urine. The Class Rooms, with the cabinet of Materia Medica, Bones, Bandages, Manikins, Illustrations, Text-Books, Microscope, Chemical Reagents, etc., will be constantly open for study.

WINTER COURSE OF EXAMINATIONS will begin with the lectures in the University of Pennsylvania in October, and will continue till the close of the session.

SURGICAL DISEASES OF WOMEN. A Course of Lectures will be delivered by H. LENOX HODGE, M.D., on Displacements and Flexions of the Uterus; Inflammation of the Uterus; Polypi; Fibrous Tumors and Cancer of the Uterus; Inflammation of the Ovaries; Tumors of the Ovaries; Ovarian Dropsy; Sterility; Vesico-Vaginal and Recto-Vaginal Fistulæ.

PERCUSSION AND AUSCULTATION in Diseases of the Lungs and Heart, will be taught by JAMES H. HUTCHINSON, M.D., by Lectures, and by the Clinical Examination of Patients.

The Society of the Medical Institute meets once every month, and essays are read and medical subjects discussed by students.

Candidates for admission to the Army or Navy, and those desiring promotion to a higher grade, may obtain the use of the Class Rooms, and be furnished with private instruction.

Fee for Office Students (one year), $100.

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# MEDICAL AND SURGICAL REPORTER.

No. 559.] PHILADELPHIA, NOV. 16, 1867. [Vol. XVII.—No. 20.

## Original Department.

## Communications.

### MORBUS ADDISONII.

By James B. Burnet, M.D.,

House Physician, Bellevue Hospital, New York.

The supra-renal capsules are two small granular bodies, situated in front of the upper end of the kidneys, the left being generally slightly larger and higher than the right. In length, they are from one and one-quarter to nearly two inches, and in weight, from one to two drachms. They consist of an external or cortical, and an internal or medullary substance, the corticle forming the chief part of the gland. Their arteries arise from the aorta, the phrenic, and the renal. On the right side, the supra-renal vein empties into the inferior vena cava, and into the renal vein on the left side.

The nerves are derived from the solar and renal plexuses, and from the phrenic and pneumogastric nerves. Although these glands have long been objects of the most intense interest, both to the anatomist and physiologist, still their particular function is buried in obscurity. They are supposed in some manner to assist in the elaboration of the blood. In the embryo, they exceed the kidneys in size; in young children, they are of about an equal size, and in the adult, about the twentieth part as large.

With this brief notice of the anatomy and physiology of these organs, we shall proceed to the description of the disease known as Morbus Addisonii. In the year 1855, appeared a monograph, "On the Constitutional and Local Effects of Disease of the Supra-Renal Capsules," written by Dr. Thomas Addison, of Guy's Hospital, London. Up to this time, little, if anything, was known concerning the diseases of these organs, or their constitutional effects. The symptoms of the disease Dr. Addison described as follows: "Anæmia, general langour and debility, remarkable feebleness of the heart's action, irritability of the stomach, and a peculiar change of color in the skin." The name of "melasma supra-renale," was originally given to this disease on account of the discoloration of the skin, which was at first thought always to be present as a symptom. Later on, however, it was discovered that in genuine cases, this symptom may be absent. Dr. Addison appears to have thought that any disease of the glands would produce the symptoms he describes, but subsequent observation seems to show that these symptoms only occur in the tubercular form of the disease. The deposit in the capsules is not identical with tubercle, but it possesses such a resemblance to it, and such similar degenerative changes, that the name of tubercular has been given to it, especially as we frequently find it occurring in persons of a tubercular diathesis. The manifestations of this disease during life then, may be divided into two parts, viz., 1st. Its constitutional symptoms, and, 2d. Its external signs.

#### I. Its Constitutional Symptoms.

These are gradually progressive asthenia, great langour, and an aversion for exercise, with, in the later stages, breathlessness and palpitation, and often faintness on the least muscular exertion. The heart's action is weak, and the pulse remarkably feeble. There is loss of appetite, irritability of the stomach, and sometimes persistent vomiting. As a general rule, the mind is clear to the last. The prostration is so great toward the closing scene that the patient often lies in a semi-comatose condition. Such are the characteristic symptoms of this insidious disease. In many cases there are pains in the loins, hypochondria or epigastrium, and sometimes dimness of sight, vertigo, and at last, a tendency toward delirium. As a general rule, there is but little emaciation. The skin, tongue, bowels and urine are usually normal. This malady has sometimes been overlooked in cases where the patient has been suffering from some other serious disorder, such as phthisis, but even here the prostration is out of all proportion to the severity of the more obvious disease. Death often takes place rather suddenly, and occurs from asthenia.

### II. Its External Signs.

These consist in a peculiar discoloration of the skin. When fully developed, this constitutes the most striking feature of the disease. It constitutes the chief means for a diagnosis. This discoloration of skin makes the patient appear as if belonging to one of the darker races of mankind. The color varies from a dusky-brownish to a greenish-brown or olive hue. The shade is not uniform, but generally darker on the face, neck, hands, and in the axillæ and groins. The penis, scrotum, nipples and areolæ are usually the darkest parts, and on the discoloration of these parts much reliance is placed in the diagnosis of the disease. Deep cicatrices generally remain pale, but blistered surfaces, or superficial abrasions, are darker than the surrounding parts. Sometimes small specks resembling moles appear upon the face, neck, arms, or trunk, but only on the already discolored parts. There is rarely, if ever, any line of demarcation between the abnormal and normal portions of the skin, but the former fade insensibly into the latter. This discoloration may also occur upon the lips in the shape of an irregular stain running lengthwise, and also as patches on the gums and buccal mucous membrane. When present, this last may be considered as the most decisive external diagnostic sign of the disease. The conjunctivæ always remain uncolored, and in the best-developed cases, their peculiar whiteness presents a striking contrast to the dusky hue of the face. The following well-marked case of morbus Addisonii has been reported by E. Headlam Greenhow, M. D., and as it well illustrates both the constitutional symptoms and external signs of the disease, we present it in full.

"W. B., aged 24, an engineer's laborer, first came under my observation on the 12th of April, 1864, when he was admitted to Cambridge Ward, under my care. He stated that he had been in good health until about nine months previous to his admission, when an abscess had formed in the left hypochondriac region. A few weeks later, after the healing of the abscess, he had been seized with severe pain in the left hip, shooting downward along the course of the sciatic nerve; and the pain had continued, with varying intensity, ever since. About the same time he had begun to lose strength, becoming very rapidly weaker during the last ten days. He had for some weeks lost his appetite, and had been affected with nausea and occasional retching, with, for the last day or two, vomiting of food. He said that he had suffered latterly, from sudden attacks of breathlessness and faintness, on exertion, and he actually fainted while under examination in the waiting-room. His face had a sunburnt appearance, and his wife and mother, on being questioned, said that they had observed his complexion becoming darker for the last three or four months. From the above symptoms, I at once diagnosed a typical case of Addison's disease. On the day after admission, the patient could, with difficulty, be raised up in bed, on account of tendency to faintness. Pulse extremely feeble, small, and compressible; the heart's impulse feeble, and sounds exceedingly faint; the skin cool and soft; the tongue moist and clean; the urine dark-colored and copious, free from albumen, specific gravity 10.22; the bowels costive. General hue of the skin dusky; the face somewhat darker, resembling that of a person bronzed by exposure; the back and sides of the neck darker than the face; the hands much darker than the arms, and the knuckles sensibly darker than the surrounding surface, as were likewise the cicatrices of several former injuries. The skin over the spine, for nine inches downward from the eighth dorsal vertebra, was much darker than the rest of the back. Over the hip, where a blister had been applied four months previously, on account of the sciatic pain, was an oblong surface, four inches by five, much darker than any other part of the body. At some parts near the edges and centre of the patch, where apparently there had been superficial ulceration, the skin was nearly as black as that of a negro. The nipples and areolæ were very dark. The cicatrix of the abscess in the left hypochondrium was itself pale, but was surrounded by a dark-colored ring. The penis and scrotum were extremely dark; the thighs and legs much less dark than the body. The lips had a dark, almost black stripe, of varying breadth, extending along their whole length. The bursal mucous membrane, with the exception of a few paler spots, was of a dark, almost black color, and there were several well-defined dark patches on the gums of the lower jaw. The conjunctivæ were clear and perfectly white. The patient became progressively weaker from day to day; vomiting recurred after almost every meal; the pulse became quicker, and nearly imperceptible; the heart-sounds were only audible on very close examination; the sense of faintness was constant and intense; and the surface of the body became cold to the touch two days before death, which took place five days after his admission. His intellect remained unimpaired to the last.

"At the post mortem examination, the body was spare, but not much emaciated, and its general

hue dusky, but paler than it had been during life. The muscles were of a normal red color; the blood thicker and darker than usual, presenting, under the microscope, an excess of red corpuscles. The lungs were quite free from tubercle. Many of the mesenteric glands were enlarged; their surfaces were pale and yellow, and on section, they had a somewhat dry, cheesy texture. The vessels of the small intestines were much congested. PEYER'S patches were enlarged, prominent, of yellowish-white color, and remarkably opaque. The solitary glands scattered throughout the ileum were also enlarged. The suprarenal capsules were closely invested with very dense connective tissue, and were both much enlarged; they were of very firm consistence, and on section, no distinction was visible between cortical and medullary substance, the whole organs being converted into masses of firm, yellowish-white tissue, in parts semi-transparent. Scattered throughout these masses were numerous opaque, yellow deposits, varying in size from a hemp-seed to a small bean, of cheesy consistence, mixed with gritty matter. On laying open the pelvic fascia at the upper edge of the true pelvis on the left side, about half an ounce of thick, creamy-looking pus escaped. The abscess was connected with carious bone at the sacro-iliac synchondrosis."

You will have noticed in the case I have just read, the presence of almost every one of the constitutional symptoms which I have enumerated above as being characteristic of ADDISON'S disease; and, although the asthma appears to have supervened contemporaneously with the sciatic pain, the latter could not, even during life, be considered as its cause, it being altogether insufficient to account for the severity of the symptoms. Again, with reference to the external signs, you will have seen that this case presented all those which I have described as specially diagnostic of the disease: the face, neck, and hands were darker than the general surface; the areolæ, penis, and scrotum were the darkest parts of the natural skin, and the cicatrix of the blister on the hip was almost black, whilst the deep cicatrix of the abscess remained pale. Lastly, the lips and buccal mucous membrane were deeply discolored with the characteristic stains.

The discoloration of skin may be the earliest symptom of the disease, and on the other hand fatal cases may occur, and yet no discoloration of skin be present. There are other forms of discoloration of the skin, that may, unless great care be exercised, be mistaken for the discoloration of ADDISON'S disease. GREENHOW reports the following spurious case:

"E. A., aged sixty-five, was admitted under Dr. STEWART'S care in June, 1862. She was very poor, ill-fed and uncleanly, and had apparently been tramping about the country for months. Stated that she had always been delicate, and had been ailing for about eighteen months, but more especially since the beginning of the year. Her weakness had increased very much during the last eight weeks, and from having been stout she had become much emaciated. Was free from pain, but experienced a sense of sinking at the epigastrium, and a disinclination for the slightest exertion. Her appetite had never been impaired, and she had suffered neither from nausea, vomiting, nor breathlessness on exertion. Was unable to say when her skin, which had formerly been soft and fair, began to change color. Her daughter, however, stated that she had observed her mother's face becoming tawny about two years before. About twelve months later the yellow tinge had appeared to deepen, and she subsequently observed a brown color on the chest and back, which had continued to spread and increase up to the time of her admission. On admission her face was very yellow, and the conjunctivæ slightly so. The skin was deeply bronzed on the chest and back, more lightly on the thighs, scarcely at all on the legs and feet, which were considerably œdematous. Pulse 108, moderately full; heart-sounds healthy. Her chief complaints were of extreme sinking and prostration, and of craving appetite. The patient was temporarily transferred to my care in the month of August, when the following notes of her case were taken:

"Aug. 24th. Pulse 86, of fair volume, not particularly compressible. Face scarcely sallow, but a little dark under the eyes. Anterior surface of chest to umbilicus of a brownish-black hue, interspersed with numerous small well-defined spaces of normal-colored skin. Axillæ paler than the chest, and a space of normal colored skin the size of a hand, in the lower part of the left axillary region. Nipples and areolæ of normal color.

"Discoloration on abdomen more uniform than that on the chest; no increase of darkness round navel. Groins and pubes less bronzed than surrounding surfaces. Thighs paler than body, but presenting, especially on the insides, a number of small well-defined dark patches, some corresponding in hue with the bronzing on the body, and others having a reddish hue. On examination under a lens, some of these are rough, or

covered with a small crust, as if they were the traces of former eruption.

"Discoloration on back paler than that on chest, but of the same mottled character, the patches of which the discoloration is seen under a lens to consist, not being of uniform shade, but some much darker than others, and with abrupt margins, interspersed with small spaces of normal-colored skin. The legs below the knees and the arms are almost entirely free from bronzing, but with numerous small, isolated, dark spots similar to those on thighs. Hands of normal color; lips and buccal mucous membrane, red and normal. Conjunctivæ slightly yellow and muddy-looking. Discoloration appears to be superficial, and under a lens the darkened cuticle in some places looks raised, and in others a little rough.

"A few days later, in order to determine the seat of the discoloration, the cuticle was raised in two small patches on the chest by the use of liquor vesicans, and for some weeks after the healing of the blistered surfaces, they remained pale, but gradually resumed the dark color of the surrounding skin. Under tonic treatment, and with the use of alkaline warm baths, the discoloration very considerably diminished, while with good diet and management the woman's health greatly improved. She regained her flesh and strength, and left the hospital apparently in good health."

There are several strong points of resemblance between this false case, and a true case of morbus Addisonii. The long debility, the sense of discomfort at the epigastrium, and the disinclination for exertion, were all symptoms of the disease. The appearance first on the face and then the spreading of the discoloration, were also strong external evidences of Addison's disease. But the most decided constitutional symptoms were absent, such as the feeble pulse, breathlessness, nausea, vomiting, and loss of appetite; and the symptoms that were present could all easily be referred to the life of hardship that she had led, and to the privations to which she had been subjected. The discoloration in itself was totally unlike the discoloration of the true form of the disease. In this case, the whole discoloration was composed of dark patches with abrupt margins, interspersed with little spaces of normal-colored skin. In the true discoloration, it is never so, but the darker fade insensibly into the lighter portions. In the true form, the mole-like spots are always found on the discolored parts, but here they were on uncolored skin. The discolored skin in Addison's disease is soft and smooth, but here it was rough, and in some parts raised. In this case, those parts were the palest, which in the true form are darker. Here the nipples and areolæ were of the natural color. And finally in this case, there were none of those characteristic marks on the lips, gums, and buccal mucous membrane.

Dr. Vernois, a French physician, reports a case almost precisely similar to this, in which the woman died, and the supra-renal capsules were found perfectly healthy at the post-mortem examination.

"The exact relation between the change in the supra-renal capsules, and the constitutional and external signs of Addison's disease, it is impossible at present to determine, as we really know nothing respecting the functions of those organs; but that there is an intimate relation between them, appears to me unquestionable. It is perhaps possible that there may be a common cause in the form of some constitutional disorder inducing both the local affection and the outward manifestations; but the fact that in a considerable number of cases, in which the symptoms have been too strongly marked during life, no trace whatever of disease has been found after death, except the change in the supra-renal capsules, appears to me to afford very convincing evidence that the local affection and the external symptoms stand to one another in the relation of cause and effect.

"This opinion derives additional confirmation from the circumstance that, although in several recorded cases, the supra-renal disease has been apparently preceded and set up by neighboring irritation arising from lumbar abscess, or caries of the spine, yet in no case have the symptoms of Addison's disease appeared in conjunction with these other complaints, unless the change in the supra-renal capsules had also taken place. As to the manner in which the supra-renal change operates as a cause in producing these symptoms, it may be, as has been supposed, that the symptoms are due to irritation of the nerves connected with the solar plexus and semi-lunar ganglia; but at present the supposition rests mainly on conjecture, being unsupported by any adequate proofs, and being, it seems to me, in some degree discountenanced by the circumstance that the irritation of the nerves, which must also be consequent on the destruction of the supra-renal capsules by cancer, appears to have no effect in producing the symptoms of Addison's disease. It may be supposed, on the other hand, that these symptoms depend upon perversion or destruction of the functions of the capsules themselves; but there are difficulties also in the way of either of

these hypotheses. If the symptoms were due to destruction of function, we should expect them equally to follow the destruction consequent on cancer, which we have seen not to be the case; and their being due to perversion is difficult to reconcile with the fact that the change in the supra-renal capsules must, in many instances, have taken place some time before the accession of any of the constitutional symptoms. In truth this portion of the pathology of ADDISON'S disease remains as little explained or understood as it was at the time of the publication of ADDISON'S discovery.

"Lastly, on the subject of *treatment*, I can offer, unfortunately, but few observations. Only two cases have come under my care for more than that short period immediately before death, when the state of the patient is as hopeless as that of a person sinking in the last stage of phthisis; and of those two, one died, prematurely, as I believe, from the effects of over-exertion. Treatment directed toward quieting the gastric irritability, and improving the patient's powers of taking and digesting food, together with care in securing the avoidance of over-exertion, and of all causes of depression, may, and I believe, will, in many cases, if employed early enough, tend to prolong life and to ward off the fatal asthenia, even after the organic disease is confirmed. In one case, I found that compound mixture of iron and cod-liver oil had for some time an apparently beneficial effect; and in another case, nitro-muriatic acid, in combination with a vegetable bitter, alternated occasionally with citrate of iron in an effervescent form, no doubt, succeeded for a while in relieving the more urgent symptoms. In a third case, the temporary rallying seemed due to the use of effervescing medicine and chloric ether, and to the administration of liberal support in the form of eggs and brandy, beef-tea and milk. But with regard to this disease, it is at present the study of its diagnosis and pathology, even more than of its treatment, which is important, for hitherto every well-authenticated genuine case has sooner or later proved fatal; and this, I fear, must continue to be the case until further researches may enable us to diagnose it in those earlier stages in which it may be possible to arrest its progress, or to avert for an indefinite time its fatal termination."

—— It is said that twenty-five doctors, all of whom have some time practiced medicine, are at present connected with the New York press.

## A FATAL CASE OF TRAUMATIC TETANUS.

By WILLIAM MCCOLLOM, M. D.,
Of Woodstock, Vt.

Philander J——, aged 55 years. An inveterate smoker; constitutional vigor broken; nervous system somewhat shattered, but able to do considerable labor. While at work as a carpenter, on the 7th of September, injured the left thumb, removing a portion of the nail, by a blow with a hammer. He suffered very little from it after a day, but ten days had elapsed before the wound had entirely healed. On the 16th he complained of ulcerative sore mouth which lasted a few days, and was followed on the 19th with soreness of the throat, and difficulty in separating the jaws, which he attributed to a cold. 20th, inability to open the mouth increased, with marked contraction of the muscles of the eye lids, so as nearly to close the eyes.

During the 21st and 22d no change was noticeable, was able to be about and do some work, but in evening of the 22d, he accidentally fell upon right side while carrying a loaded basket, and produced some contusion of the right hip, but not sufficient to effect discoloration of the skin. He felt a little inconvenience from the fall on the 23d, but continued to walk about and out of doors. The soreness and pain in the right hip, though quite troublesome throughout the 24th, was not sufficient to confine him to bed. I was first called to visit him on the 25th, and found him suffering from spasmodic pain extending through right hip and thigh, which was much aggravated from every motion of the body. Pulse 70, soft and regular; tongue coated, and some difficulty in protruding it; masseter muscles slightly rigid; eyes half open; appetite good, but deglutition difficult. He had had free movements of the bowels from epsom salts, and was ordered to have turpentine stupes and hot vinegar fomentations to hip, back and abdomen, and to take 12 grs. TULLY'S powder *pro re nata*. Slept poorly at night from suffering spasmodic pain of abdomen and hip. 26th. Stiffness of the jaw somewhat increased; and the contractions and pain in hip more severe, aggravated from muscular action. Head slightly thrown back; pulse 80; moved the bowels with epsom salts. Continued hot fomentations, TULLY'S powder, meat broth and such food as he could swallow. Slept about half the night. 27th. He seems more comfortable and is sitting up. Appetite good; skin cool; pulse 70; tongue moist, and pain in hip less. Masseters and sterno-mastoids not so

rigid; difficulty in opening the eyes not so great. Slight paroxysms of opisthotonos are observed whenever he attempts to drink, and on moving the right leg. 28th. Has had a bad night. Paroxysms of opisthotonos are observed every eight or ten minutes. Pulse 90, gaseous and weak; appetite good, much difficulty in swallowing; mind clear; intellect active, and in no pain save from tetanic spasm. Is less sensitive about the hip, and is able to move the right leg with less inconvenience. Ordered him to take once in four hours, a powder of morphina, gr. ¼ and camphor grs. iij, and to have the spine and hip bathed every two hours with a liniment of chloroform, olive oil, and camphor, equal parts.

At 3 o'clock, P. M., my friend, Dr. K. Russ, kindly visited the patient with me, and advised to administer gin and molasses generously. At 8, 10, and 12 o'clock in evening, injected subcutaneously one-third gr. acetate morphia, and this appeared to quiet spasm, and procure rest, for he slept from half-past one to six o'clock, A. M., with but two painful contractions. At 8 o'clock, A. M., of the 29th, tetanic paroxysms at longer intervals and less severe; sleeping in the intervals of pain. Pulse 95, weak but regular; mind clear. Is taking whisky and meat broth. At 12 noon, paroxysmal pain increasing; injected ½ grain morphia in arm. 5 o'clock, P. M. moderate spasms. Pulse weaker, 120. Swallows with great difficulty; repeated the injection of ½ grain of morphia, and administered bromide potassium grs. xxx. to be repeated every two hours. 8 o'clock, P. M. Pulse 105; sleeping heavily; slight spasm once in ten or fifteen minutes; slept until half-past one o'clock. Morning of the 30th, repeated the injection of ½ grain morphia. 8 o'clock A. M. Sleeping heavily; opisthotonos once in twenty minutes, attended with little pain; pulse 100; can put out the tongue. Bowels tympanitic; urine scanty and high colored—is taking bro. potass. 30 grs., every two hours, with brandy and milk. 12 o'clock, noon. Sleeping heavily; mind clear on waking; pulse increasing in frequency. 6 o'clock P. M., has failed throughout the afternoon, and is unable to speak or swallow. Breathing with mouth wide open; painful contractions of the muscles of the back and arms; repeated injection of morphia, and he slept through the night. October 1st., 9 o'clock, A. M. Loss of consciousness; mouth open; shallow breathing; muscular contractions of back and arms at frequent intervals. Death closed the scene at half-past eleven o'clock, A. M., twenty-four days after the injury to the thumb, and twelve days after well developed trismus.

On reviewing the case, I am reminded that the more important period of the disease was lost to treatment, and though the medicines used produced their physiological effect, toning down the violence, and diminishing the frequency of the tetanic contractions, and alleviating distressing agonizing symptoms, they utterly failed to interrupt the fatal progress of the disease.

*Autopsy*, twenty-four hours after death. In the examination I was assisted by Drs. E. Hazen and L. A. Richmond. Rigor mortis extreme. The sheath of the cord, particularly in the cervical portion, appeared congested, and here was noticed increased serous effusion. Other portions of the sheath showed little or no well marked congestion, and in the dorsal region no effusion. The cord seemed healthy to the naked eye, on making scrutiny of it, both in mass and structure. The calvaria was removed. The sinuses of the dura mater were filled with blood, and its surface covered with blood-stained fluid. Several points of recent adhesions of dura mater and pia mater were noticed on each side of median fissure, as well as some old adhesions. The pia mater, throughout its extent, was very much congested, and the sub-arachnoid and ventricular spaces contained about six ounces of fluid. Nothing unusual in the appearance of the substance of the brain was observed, with the exception of increased vascularity of the grey matter.

As yet, little is known of the pathology and exact nature of the morbid action in this frightful disease; but it is now very evident, that in a large proportion of the cases of traumatic tetanus, we have hyperæmia of the nervous mass and its membranes; but this condition may be the consequence, in part, of the great functional activity of the cord, and not the sole cause of the tetanic spasm. To J. Lockhart Clark, we are more indebted than to any other man, for recent investigations relative to changes found in the condition of the nerve-centres. He has made repeated microscopic examinations, and discovered, in most cases, lesions of structure, both of the gray and white substance, but more particularly of the former. In every one of the nine cases examined, he found congestion of the blood-vessels, and granular degeneration and disintegration of the tissues. It appears, however, that morbid lesions are not always present in any considerable degree, if present at all, and the same author tells us, that the lesions in tetanus are precisely similar in character to those which he has discovered in the spinal cords in many ordinary cases of paralysis; then it would seem

that, as yet, our knowledge of the disease is very incomplete. That the irritation or inflammation is propagated from the injured nerve to the nerve-centres, and induces disease there, is at least very probable. Frorip has reported seven cases in which he found portions of the nerve inflamed between the wound and the spinal cord.

The treatment has been, and still is almost wholly empirical, and of little avail in curing most cases. A few have recovered, and under diametrically opposite principles of treatment, while a fearfully large proportion terminate fatally. Until we possess a more full and definite knowledge of the pathology, the treatment must be in a great measure tentative, and the results far from satisfactory.

## FRACTURES OF THE CLAVICLE.

By P. W. Ellsworth, M. D.,

Of Hartford, Conn.

It is commonly taught in standard treatises on surgery, that in fractures of the clavicle, and dislocations upward of its outer extremity, the chief indication is to keep the shoulder well up and thrown back. True, this is important, but another no less important is overlooked, viz., the necessity of counteracting the force of the trapezius and mastoid muscles, which tilt up the outer extremity of the inner portion. A bad case of dislocation of the clavicle upon the acromion process, recently fell under my charge, and was treated by Dessault's bandage. This, and Cooper's, and various other dressings, tried for ten days, were either ineffectual in retaining the bone in position, or so painful and irksome as to be insupportable.

It then occurred to me that adhesive straps might be made to serve as good a purpose here as in fracture of the ribs, and having a plaster containing an excess of resin and very adhesive, prepared for extending fractured thighs, I determined to use it in this case. Hamilton says nothing of its utility in similar cases, nor was I aware that any surgeon had so applied it, but after my patient recovered, I found that Gross, in his excellent work on surgery, speaks of it in fractures of the clavicle, and adds, it may be applied advantageously in dislocation of this bone also. However, it seems to me that the true principle for its use is not stated, for he seems to rely upon the strips chiefly to bind the arm immovably to the side, though he also speaks of laying a compress upon the broken point, and binding that down also. But this firm securing of the arm is both irksome and unnecessary, and all pressure upon a broken end must be painful, if hard enough to keep the parts in line. In my case three strips of firm cloth were drawn obliquely over a compress, placed not on the dislocated extremity, but upon the middle of the clavicle, and they extended a foot down upon the back and chest. These, while bringing the bone perfectly into place, relieved all strain or pressure upon any weak or tender point. A simple handkerchief for a sling completed the apparatus. My patient was at once permanently relieved from all suffering, and in five days attended a parade of a military company, in which he held an important office, though keeping the arm suspended in the sling. After wearing the strips without a moment's discomfort, for three weeks, I found, on removing them, a clavicle perfectly healed and in position, and an arm free in all its motions. The success in this instance, has been so complete and satisfactory to myself and patient, that I can recommend it as by far the most perfect dressing which can be applied to this form of dislocation.

Many cases of fracture, especially near the external end, can undoubtedly be treated in this manner with equal success, care being taken not to press upon the broken ends, but to counteract the action of the muscles, lifting the inner end by a compress and strips bearing upon a point nearer the sternum, and thus bringing the two fragments into line. This it is impossible to do so perfectly by any attempt at pushing up the shoulder.

In applying the strips, it is desirable first to draw the integument of the back and chest well toward the seat of injury, in order to prevent the relaxation which may follow the sliding of the skin upon the muscles, for a very slight yielding would be enough to permit the thin end of the clavicle to slip from its narrow socket on the edge of the acremion process. A single dressing is all that will be necessary for this dislocation, which has hitherto been such a vexation to surgeon and patient. Perhaps my success was in part owing to using a very adhesive plaster, if so, it can readily be prepared by using a large amount of resin.

—— For some years, the authorities of Munich have required from the parents of each child that dies in its first year, a declaration whether it was nursed by the mother or not, and in 88 cases of death out of a hundred, the child had not been nursed by the mother.

# Hospital Reports.

Jefferson Medical College,
*October 19th*, 1867.

## Surgical Clinic of Prof. Gross.

Reported by Dr. Napheys.

### Lithotomy.—Two Operations Performed October 16th.

The boy, upon whom the operations of lithotomy was performed at the last clinic, (vide p. 398,) is perfectly comfortable, and has been ever since the operation. The water passes freely by the wound. He has an appetite, and sleeps well.

Mr. L., æt. 67, who was also operated on for stone in the bladder, at the last clinic, (vide p. 398,) has had more or less hiccough during the last thirty-six hours. Pulse 80; skin moist; no abdominal tenderness; the wound looks well; urine is discharged freely. He has no appetite, although the tongue is not much coated. The operation was performed under adverse circumstances, so far as the condition of the part and system was concerned. With the exception of the hiccough, there is no untoward symptom of any kind. Two large concretions were removed from the bladder, which had lain in apposition with each other, and apparently been glued together. The little tumor which came away on the embrace of the instrument, has been examined microscopically, and some fibroid tissue and some epithelial scales found. It was doubtless chiefly fibroid in character, growing from the bladder, and adherent by a narrow pedicle.

### Hypertrophy of the Muscular Walls of the Bladder.

Chas. M. G., æt. five yesrs. This boy has been suffering for nine months with some trouble in his bladder. When he passes water he screams fearfully, so that he has to be held. He urinates only once in the twenty-four hours, voiding at that time a great deal. He is very restless at night, and his sufferings are increasing. It is very remarkable that this boy should have a great deal of suffering in his bladder, and yet pass water only once in the twenty-four hours.

A sound was introduced, and moved about in all directions. It came in contact with a rough surface, such as is encountered in a fasiculated bladder, in which the muscular fibres are in an hypertrophied condition, in which they are reticulated, arranged in the form of a net—very much like the fleshy columns of the heart. No calculus was discovered. Evidently there has been inflammation of the bladder, leading to hypertrophy of the muscular fibres. What is remarkable in this case is, that with this condition of the bladder there should not be a greater amount of irritability, leading to a frequent desire to evacuate its contents.

He was ordered—

| | | | |
|---|---|---|---|
| R. | Uvæ ursi, | ℥ss. | |
| | Lupulinæ, | ʒss. | |
| | Sodæ bicarbonates, | ʒiss. | |
| | Aquæ bull., | oj. | M. |

Sig. Let it stand for an hour, bottle, and give a tablespoonful three times a day.

Uva ursi acts especially upon the mucous membrane of the bladder; it is much employed in the treatment of chronic or subacute inflammation of this organ, and in irritability from various causes. Lupulin act likewise upon the kidneys and bladder. The same is true of bicarbonate of soda. This alkali produces a change in the urine, rendering the bladder more tolerant of its presence; it obtends the morbid sensibility of the bladder, perhaps more rapidly than any other remedy of the materia medica. In addition to the above combination, it would be well to give the child every evening, eight or ten drops of laudanum as an enema, in a tablespoonful and a half of tepid water. The diet will be regulated so that it shall not be too irritating, and salt food and coffee will be prohibited.

### Hydrocele, with the Testicle at the Bottom of the Tumor.

Andrew McR., æt. 30. This man has upon the left side a tumor of the testicle, pyramidal in shape, extending as high up as the external abdominal ring. He has been affected in this way for sixteen years. The right testicle is natural. There is no discoloration of the integument. He has had no pain in the parts. The testicle is situated at the bottom of the tumor, where it is always found in scrotal hernia; in hydrocele the testicle is usually at the posterior part of the swelling, at the junction of the lower and middle third. When the patient coughs no impulse is communicated to the hand resting on the tumor. The tumor fluctuates, evidently containing fluid. The swelling has never disappeared; it has always remained the same; therefore, it is not reducible hernia, which always recedes during recumbency. The spermatic cord can be felt in its natural position; in scrotal hernia it lies behind the protruding structures.

This is a case of hydrocele presenting the peculiarity that the testicle is at the bottom instead of at the posterior part of the swelling, at the junction of the inferior with the middle portion, as it is in the great majority of instances.

This accumulation of water may occur at any period of life; sometimes it is congenital, or comes on a short time after birth. It is more common in warm, tropical climates than in the United States. It generally makes its appearance without any assignable cause. The quantity of water rarely exceeds in this county, ten, twelve or twenty ounces. Cases are on record in which the amount has been much greater, as in that of the celebrated historian Gibbon, whose hydrocele contained a gallon and a half of fluid. This affection is sometimes double, occurring either simultaneously on both sides, or in rapid succession.

The palliative operation was performed, the sac being punctured by a bistoury. Varicocele enlargement exists in this case with the hydrocele, without any particular connection, probably, between the two diseases.

### Varicocele.

Chas. C., æt. 28, married. The testicle on the left side is considerably lower than that on the right. In the natural state, the left testicle hangs lower than the right; but in this case the differ-

ence is greater than is natural. The condition of the parts has existed for two years. At the bottom of the swelling, there is felt a comparatively hard mass, the testis; above that, between it and the external abdominal ring, a peculiar sensation is imparted to the hand, not unlike that resulting from feeling the intestines of one of the inferior animals or from handling a bundle of earth worms. The spermatic veins are evidently here in a state of enlargement, constituting varicocele.

This affection could not be mistaken for hydrocele for a moment, nor for encephaloid disease or soft cancer. It could not be confounded with sarcocele, for the testicle at the bottom of the tumor is perfectly natural in consistence and volume. Varicocele has sometimes been mistaken for scrotal hernia. In order to render the diagnosis certain in cases of doubt, empty the scrotum by taking hold of the lower portion of the testis, elevating it and freeing the veins from blood by the fingers, then apply the finger upon the external abdominal ring, and request the patient to rise. If reducible scrotal hernia exists, after the parts have once been returned to the cavity of the abdomen, there can be no reproduction of the tumor at all, until after the finger has been removed from the external abdominal ring. If varicocele be present, then the tumor will gradually reappear all the more rapidly, because of the pressure of the finger interfering with the return of the blood into the vein. Generally speaking, there can be no doubt in relation to the disease, as the history and a careful examination are sufficient to throw all the requisite light upon the subject.

The patient states that the affection came on without any assignable cause two years ago. It is troubling him now not so much physically as mentally. Those who are affected with this disease have the idea, which is not without foundation, that the pressure produced by the enlarged veins upon the testicle, will lead to atrophy of this important organ, and this notion becomes so firmly engrafted, that it is impossible to get rid of it by any argument which can be employed. It is for this reason rather than for the physical suffering, which is seldom great, that an operation is demanded.

Nearly all cases of varicocele occur upon the left side. Prof. Gross has never seen a solitary instance of this disease upon the right side, of a well marked character. The reasons for this are to be found, in the first place, in the fact that the spermatic vein on the left side is naturally a little larger than the other, and that there is no valve at the opening of communication between the left spermatic vein and the emulgent, as was first distinctly demonstrated by Dr. Brinton of this city. Another reason, possibly, may be that these veins are more constantly pressed by the fecal matter in the colon than upon the right side. There is frequently a hereditary predisposition to this affection. The exciting causes are various, as the posture of the patient and habitual constipation of the bowels. The most common cause of all is masturbation.

The treatment of this disease is palliative and radical. The palliative consists in keeping the parts suspended in an elastic suspensory bandage, washing them frequently with cold water or some astringent lotion, paying attention to the bowels and avoiding all exciting and predisposing causes. In this way the patient may live a comparatively comfortable life without any danger of atrophy of the testicle, or of any neuralgic affection.

The best method of radical treatment consists in subcutaneous ligation of the enlarged veins, taking care not to include the vas deferens, and if possible, not the spermatic artery.

The vas deferens was separated with the thumb and index finger from the enlarged vein, and a stout silk thread, well oiled, passed around the vessels and out at the point of entrance through the skin, by means of a spear-shaped needle. Chloroform was then administered and the vessels ligated with firmness.

This is the only safe operation for varicocele. At the end of two or three days the ligature will be tightened and again from time to time until the eighth or tenth day, when it will have nearly divided the parts and should be removed.

#### Lithotomy.

Mr. S., æt. 67, from Camden, N. J. This man has labored under symptoms of stone, of well marked character, for the last four or five years. He has suffered much from neuralgic pains, and there is difficulty in separating his lower limbs in consequence of former attacks of rheumatism. He passes water every half hour, day and night. He was sounded and the calculus readily detected.

The patient was placed under the influence of chloroform and the lateral operation of lithotomy performed. The surface of the stone removed was rough, and it was very curiously shaped, almost cordiform, triangular.

# Editorial Department.

## Periscope.

#### Gonorrhœal Rheumatism.

Dr. Parvin, the judicious editor of the *Western Journal of Medicine*, translates the following description of Gonorrhœal Rheumatism from the *Archives Générales de Medecine*. The disease is not sufficiently borne in mind by many practitioners, and we are glad of this opportunity to call their attention to it:

Fournier believed in the specific nature of blenorrhagic rheumatism.

1st. The blenorrhagia, or more properly the urethral affection, is not only the occasional cause of rheumatism; it is the efficient, direct, necessary cause. 2d. The articular or other complications of blenorrhagia are very different from simple rheumatism, very different as to symptoms, as to localizations, as to evolution, as to possible complications, as to future consequences, and hereditary transmission, etc., whence

can be inferred an essential difference between these two maladies.

The following characters distinguish them from each other: 1. The recognized and established cause of an attack of simple rheumatism is the influence of cold, or of a rheumatic diathesis. From personal researches, M. Fournier affirms that cold or moisture are absolutely foreign to the manifestations of blenorrhagic rheumatism: nor has any hereditary or acquired arthritic diathesis any more influence. The cause of these manifestations is the blenorrhagia, and we see patients who, independently of any preceding cause, have rheumatism with each new blenorrhagia.

2d. The symptoms offer differences not less marked. Blenorrhagic rheumatism is oftenest apyretic, or if there should be fever, it is less intense, less persistent than in simple rheumatism; it is neither accompanied with the profound depression, nor with the sympathetic phenomena which are observed in acute rheumatism. Blenorrhagic rheumatism is quite often mono-articular, or at least is never generalized over the system to the same extent as simple rheumatism; often it is almost indolent, or quite in character with a true arthritis it is exceedingly painful; it is much more fixed; it does not offer those sudden or rapid *delitescences*, frequent in common rheumatism; resolution takes place with greater difficulty, and often leaves behind a hydrarthrosis, which is rare in the last; finally, the blood does not present the buffy coat so constant in acute simple rheumatism.

3d. The complications in the great serous membranes, which simple rheumatism develops, are as rare, as exceptional as possible in blenorrhagic rheumatism.

In return, this has a very curious localization, which fails in simple rheumatism: it is ophthalmia, not that which results from the contamination of blenorrhagic pus, but that form known as metastatic, or from internal cause, essentially benign in comparison with the preceding, almost always affecting both eyes, and passing from one to the other with remarkable mobility. In forty-five cases, M. Fournier has observed seventeen in which there was association with articular symptoms.

The evolution, the duration, the terminations of the two maladies equally differ.

As to treatment, while general remedies succeed best in simple acute rheumatism, on the contrary, in blenorrhagic rheumatism local means, (local blood-letting, blisters, painting with tincture of iodine, absolute immobilization, etc.), are efficacious.

Finally, recurrences are very frequent in each disease, but under very different conditions. Simple rheumatism recurs under causes the same as those which have produced a first attack; cold moisture, etc., or from constitutional disposition. Blenorrhagic rheumatism, on the contrary, repeats itself only as the result of a new blenorrhagia.

From the establishment of these differences, both numerous and radical, continues M. Fournier, I believe myself authorized to conclude: 1, that blenorrhagic rheumatism or not a simple rheumatism supervening as an incident in the course of a blenorrhagia; 2, that it has its own individuality, and ought to be distinguished nosologically from simple rheumatism.

If in certain complex and difficult cases there appear to be strong analogies between the two diseases; in its pure and simple forms, blenorrhagic rheumatism has a physiognomy so peculiar that it is recognized at once by the practitioner of a little experience.

After having thus presented the different arguments which demonstrated, in his opinion, the specific character of blenorrhagic rheumatism, he next inquired if the name given it represented the true idea we should have of the disease.

The name *rheumatism*, because consecrated in medical language, should be preserved, and in addition, blenorrhagic rheumatism is a special mode of this complex morbid state called rheumatism. As to the term *blenorrhagic*, when we consider that this term is badly defined, and has been applied to affections very different from each other; and that, on the other hand, rheumatism far from manifesting itself indifferently in all diseases called blenorrhagic, is never observed but with a urethral blenorrhagia, it would seem essential that the urethra must be involved in order that the rheumatismal manifestations should be produced.

Comparing, then, these accidents with those which simple excitation of the urethra can cause, such as intermittent febrile paroxysms, suppuration in different parts of the body, arthrites even, M. Fournier thought that the rheumatism called *blenorrgahic* could be a manifestation of the same sort, and like them, be a reflex phenomenon of urethral irritation. It was less a *blenorrhagic*, than a *urethral* rheumatism; the author proposed the adoption of this name.

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### Hyposulphites in Malarious Disease.

Dr. S. E. Hampton, in the *Cincinnati Lancet and Observer*, makes some observations on the use of these agents in misasmatic diseases.

We are convinced that the hyposulphite of soda possesses the property of rendering the malarious poison inoperative, either by destroying the poison or the susceptibility of the system to its influences. In support of this belief, we submit the following report:

*Case* 1. W. M. W., æt. 28. Attacked with intermittent fever while in the army, in 1864. Suffered frequent relapses until cold weather Had chills again for six weeks in the fall of 1865; took large and frequent doses of quinia. First seen April 18, 1866; greatly emaciated; marked enlargement of spleen; tongue coated slightly; bowels regular; appetite poor. Ordered sodæ hyposulphis ℥ss., aq. minth. pip., syr. tolutan āā f.℥j., m. Sig. ℥j. ter hor.

April 20. Chill came on at usual time, but not near so severe. Fever moderated, and third stage hastened. April 22. Chill but a few moments' duration. Fever slight. April 24th, escaped the paroxysm entirely. From this time convalescence was rapid. The remedy was repeated in

xx gr. doses four times every seventh day for four weeks, since which he has enjoyed perfect health, the splenic enlargement gradually disappearing.

*Case* 2. Mrs. W., æt. 26, had chills last fall, and took a great deal of quinia. First seen April 19, 1866; had suffered but slightly, having had but four paroxysms. The soda was prescribed in xx gr. doses, which arrested the disease in two days. No relapse occurred.

As an evidence of the efficacy of the soda, I will state that in 66 cases, in which I have used the remedy, it has failed in but one (42d). I am so thoroughly convinced of the anti-periodic properties of the remedy that I seldom prescribe any other.

### A Convenient Hæmostatic.

Dr. A. P. Merrill says, "A combination of elixir of vitriol and tannic acid has been recommended for this purpose, but I was not aware of its value until, in 1857, I accompanied a patient to the office of the late Dr. Horace Green, to obtain the benefit of his skill as a specialist in diseases of the throat. The tonsils, although not enlarged, the Doctor thought in a morbid condition, and he pared a thin slice from the surface of each. Only a little bleeding followed during the day, but at two o'clock that night, his pillow was bloody, and called me from my bed in the same hotel. I found his pulse feeble, breathing labored, and strength greatly prostrated; and he soon vomited a large quantity of blood which had been swallowed. I could see the pulsations of a bleeding artery in one of the tonsils, and there was an oozing of blood from the cut surfaces. Having no other remedy at hand, I made a mixture of elixir of vitriol and tannic acid, and applying freely, the hemorrhage was immediately and permanently arrested. Since that time I have used this mixture in various internal and external hæmorrhages, and with uniform success. I am now inclined to the opinion, that whatever can be effected in such cases, and even in diarrhœa, by astringents, may be done by this remedy; and in emergencies it is more likely to be found within convenient reach than most other remedies of this class. A touch of the tongue with this combination, made in the strengh of a saturated solution, will convince any one of its powerful astringency."—*Med. Record.*

### Raw Flesh and Brandy in the Treatment of Phthisis.

1. The exhibition of raw beef and mutton, and of alcohol in doses varying according to circumstances, arrests the progress of pulmonary phthisis and other consumptive diseases. Under the influence of this mode of treatment, strength is restored, the countenance recovers its animation, appetite returns, and the patient gains in flesh and weight. In a month, or even in three weeks, in several cases, the body gained four, six, eight, and even as much as twelve pounds. 2. This general improvement of the system, aided by appropriate treatment of the leading symptoms, checks the hectic fever, diarrhœa, and night sweats. 3. When these complications have yielded, amendment of the local condition of the lungs or other diseased organs sets in, and the advance of cicatrization can be ascertained by percussion and auscultation. 4. The efficacy of the treatment is not equal in all stages of the disease. In the third stage, the improvement in general is confined to a prolongation of life, the inevitable issue being merely postponed. In the second stage only can the treatment be said to be curative, provided all the necessary precautions are strictly attended to. Of all atrophic diseases in which the treatment is applicable, that in which the greatest measure of benefit is obtainable is pulmonary tuberculosis, in all its stages. It is also highly beneficial in every form of anæmia, whether resulting from hæmorrhage or spermatorrhœa; at the conclusion of acute affections, especially typhus and typhoid fevers, in the last stage of leucæmia, albuminuria, and diabetes; it is also frequently successful in pyæmia, paludal cachexia, chronic nervous fever, and in general in all protracted morbid conditions in which repair is obviously unequal to the expenditure of the system.—*Jour. of Pract. Med. and Surgery.*

### Vesico-Vaginal Fistula and M. Courty, of Montpelier.

Professor Courty has lately published, in the *Montpelier Médicale*, six cases of such fistulæ, presenting very puzzling complications. The result of the operations has been favorable in every case, but was obtained with much difficulty, especially where the neck of the womb was implicated in the rent. The operator was twice obliged to confine the cervix uteri within the bladder, the women, after recovery, menstruating through the urethra. M. Courty considers that the risks are much increased when the knife has to deal with the anterior lip of the cervix, the risks are still greater with the posterior lip, and the danger reaches its acme when the sutures must be applied to the back of the cervix.—*Lancet.*

# Reviews and Book Notices.

## NOTES ON BOOKS.

The Annual Reports of the Smithsonian Institution always contain a vast amount of information on a great variety of subjects, yet notwithstanding the liberality with which they are distributed, they are generally neglected by readers. In the Report for 1866, which has just reached us, we would call attention to the thorough essay of the Rev. Mr. Higgins, on Vitality, to that on Ethnological Research, by Dr. Davis, and to the continuations of the very thorough essays on the Senses, as of value to the medical reader. But there is no branch of research that is not touched upon in these volumes.

We have received a Report of a special Committee of the Fairmount Park upon the Preservation of the Purity of the Water Supply (advocating Schuylkill water); The Official Correspon-

dence on the French Universal Exposition; Peterson's Philadelphia Counterfeit Detector and Bank Note List, and from London a copy of Lawson's Injuries of the Eye, Orbit and Eyelids (already noticed in the Reporter.)

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**Report upon the Census of Rhode Island, 1867;** with the Statistics of the Population, Agriculture, Fisheries, and Manufactures of the State. Prepared under the direction of the Secretary of the State, by Edwin M. Snow, M. D., Superindent of the Census. Providence, 1867.

Census reports are not generally attractive reading, but here is one that is. It has rarely been the fortune of any state to obtain the services of so capable a superintendent as Dr. Snow, and this volume will still further add to his reputation as a statistician. It is divided into three parts, the first giving a brief description of the natural features etc., of Rhode Island, the second on its political divisions and previous censuses, and the third including comments on the tables. This last mentioned section is rich in facts and deductions, some of them are of the greatest interest, touching upon the most mooted questions of the day. The following for instance is the conclusion on the viability of the negro race:

"The colored population of New England is not self-sustaining as to numbers; the climate and other influences are such that unless renewed by emigration it would in a comparatively brief period become extinct."

The relative decrease of the American population, which has been the text of several mysteriously named and sensational little books of late by sundry New England doctors and divines, not very *au fait* in handling statistics, is discussed by Dr. Snow in a masterly manner, showing conclusively that the decrease in question is owing to quite other causes than the moral or physical degeneracy of American women. The other portions of the Report, especially that on Education and Ignorance, disclose many facts worth reading by those who have no especial interest in Rhode Island.

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**A Treatise on Therapeutics and Pharmacology,** or Materia Medica. By George Wood, M. D. Third Edition. Philadelphia: Lippincott & Co. Two vols., 8vo., pp. 838, 990. Sheep. *Price*, $12.00.

This excellent, work which has now been out of print for several months, comes to us considerably increased in size, and we need not add in value. Since the last edition, now seven years, medicine has made vast strides, but the author in his revision has brought his treatise up to even the most recent acquisition of the therapeutical art. Two entirely new classes have been formed, disinfectants and antizymotics, hypodermic injections and atomization of fluids have received full attention, and very many additions of minor importance throughout the volume have been made. It is a most complete summary of pharmaceutical knowledge, and the type and paper are clear and good. Of the articles we have looked for, we have only noticed the omission of idoform.

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**The Practice of Medicine and Surgery, applied** to the Diseases and Accidents incident to Women. By Wm. H. Byford, A. M., M. D. Second Edition, enlarged. Philadelphia: Lindsay & Blakiston. 1867. 1 vol., 8vo., cloth, pp. 616. *Price*, $5.00.

As handsome a compliment to the merits of his work as Dr. Byford could wish, is that in the comparatively short space of two years, his publishers have been called upon to bring out a second edition. Although there is no material increase in size, there is a large amount of new matter, and various additions have been made which considerably enhance the value of the work. A sufficient number of illustrations are inserted in the text to render the descriptions of the instruments, etc., perspicuous.

The paper of this edition is clean, the type clear and handsome, and the general appearance of the book agreeable and neat.

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**Lectures on the Diseases of Women.** By Chas. West, M.D. Third American, from the Third and revised English Edition. Philadelphia: H. C. Lea. 1 vol., 8vo., cloth, pp. 543. *Price*, $.500.

Dr. West's excellent works have been so long before the medical public, and have been received so cordially, that it is unnecessary for us to do much more than announce this new and revised edition of his lectures on the Diseases of Women. The chief additions are under the heads of uterine hæmatocele and disease of the ovaries, but in all branches the work is brought down to the latest contributions to gynæcology. There are few writers on this speciality whose conscientious exactness and close study are so conspicuous as Dr. West's, and there are few whose productions are so satisfactory as a work of reference for the general practitioner.

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### Refreshed Vaccine Matter.

Dr. Crociani writes to the *Imparziale*, of Florence, stating that he inoculated the udder of a ten-year-old cow with vaccine matter obtained from the central establishment. He obtained, in due time, beautiful vesicles, the lymph of which, being inoculated to children, had the desired effect.

Medical and Surgical Reporter.

PHILADELPHIA, NOVEMBER 16, 1867.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

## NOTICE TO SUBSCRIBERS.

From the 1st of January, 1868, we shall strictly enforce again, our old rule requiring payment in advance. For reasons given some years since, pre-payment has not been insisted upon—but the circumstances of the country are now such that we feel warranted in again requiring it.

☞ Those who have not yet paid for the current year, will please remit immediately. There are several thousand dollars due on current subscriptions, which must be paid soon to insure a continuance of the REPORTER to the delinquents. The amounts are insignificant to subscribers, but the aggregate is large enough to be embarrassing to us.

## THE CHOLERA AT THE NAVY YARD IN THIS CITY.

In announcing the sudden appearance of cholera on board the Receiving Ship Potomac, opposite the Navy Yard in this city lately, we promised to learn the particulars, and make a further report. This we have found more difficult than we expected. What we have incidentally learned amounted to this. The Receiving Ship Potomac arrived at our Navy Yard about four weeks since from Pensacola, with a clean bill of health, and the ship in a supposed good sanitary condition. On its arrival, new recruits were received on board from the city, soon after which cholera appeared on the ship, the three first that were attacked being new recruits who had just come on board. The first man attacked was a painter engaged in painting the outside of the ship. If he imbibed the poison from foul air of the ship, it must have been through the port-holes. The cases that occurred seemed mostly to originate in the vicinity of a certain hatchway. In all, there were over thirty deaths. Either the disease subsided about as suddenly as it appeared, or the reports of its progress were suppressed. We are led to believe, however, that the disease has wholly disappeared.

We understand that a commission of able surgeons was appointed to investigate the case, and that they have the material for a full and very interesting report. Although there has been considerable reticence in regard to the results of this investigation, we learn that the ship was found in a very cleanly condition, and that proper attention was given daily to a thorough ventilation of the hold. Some of the bilge-water was obtained for chemical and microscopical examination, but we have not yet heard the result. It is to be hoped that everything will be done that can be, to bring all the facts in this case to light, so as to show conclusively, if possible, how the disease originated, and the plan adopted by which its ravages were so suddenly checked. Was the disease prevailing at Pensacola when the Potomac left that station, and was it latent on board until her arrival here? Or, did it *originate* on board the vessel from some cause, and if so from what cause? Or, again, was it brought on board by the new recruits, and if so, where did they get it? What evidences if any, were given of contagion during the progress of the epidemic? Did the microscopic and chemical examination of the bilge-water reveal anything that would account for the origination of the disease on board, or its fatality after its introduction, if it was brought on board by the new recruits?

We shall look with interest for this report.

## PULMONARY CONSUMPTION, ITS INOCULABILITY AND CONTAGIOUSNESS.

When the cholera sweeps across a continent and snatches thousands from the midst of busy life to the grave, nations are prostate with terror. The pestilence that destroys its tens of thousands every year hardly fixes for a moment the general attention. Nothing so shears danger of its terrors as familiarity. The general mortality is twenty-two to the thousand per year; of this one-seventh fall victims to a disease, not indeed so sudden in its onset, but which ever seeks by preference its victims among the young, the beautiful, and the talented—pulmonary consumption.

Hitherto little has been achieved toward ascertaining the precise nature of tubercle; still less toward either a remedial or a preventive treatment of its attacks. It is due to M. VILLEMIN, adjunct professor at the Military Hospital at Val-de-Grace, Paris, that within a year the scientific world has been awoke to the fact that probably consumption is contagious, that certainly it is inoculable. Like other communicable diseases, only a limited number of species are susceptible to its poison, perhaps none but man, the monkey, the cow, and possibly the rabbit. Carnivorous animals seem not at all liable to the disease, and sheep, birds, etc, though subject to complaints very similar in symptoms, never present cases of real tubercles.

The experiments of inoculation were made by taking a portion of tuberculous deposit and inserting it under the skin of a living animal. Subsequent dissection showed that in from ten to twenty days, the lungs indicated unmistakable evidence of tuberculization, and by the twenty-

eighth day, not the lungs only, but the kidneys and the spleen as well, were far advanced in the characteristic degeneration. Inoculated in a pregnant female, abortion was the almost invariable result, and always the progeny met with an early death.

When it is remembered that in consequence of the fixed belief that the disease was not communicable, no precautions have ever been employed to counteract its virus or to put on their guard and protect from its influences those who are obliged to be exposed to it, we see at once the important bearing of these researches.

In France alone the mortality from phthisis reaches the enormous figure of 200,000 every year, and in this country the proportion is probably greater. Although M. Villemin's theories have not been received with entire favor, and have in some quarters been severely criticised, they seem based on careful experiments, and explain many otherwise inexplicable facts in the history and diffusion of tubercles. We believe they will yet be found to be of great service in furthering our knowledge of the disease.

### HALLUCINATIONS of REPTILES IN THE STOMACH.

Items like the following are ever and anon appearing in the newspapers, and circulated, apparently, well authenticated, as facts:

"A boy aged eight years, son of Benj. Whistel, residing in Mifflin township, Cumberland county, Pa., has been seriously afflicted for some time past on account of having a living snake in his stomach. The presence of the young reptile was discovered about two years ago, and by a rapid growth it has attained a size that renders it very painful to the boy. Thirteen physicians assembled at the family residence last week and held a consultation, when it was decided that the only manner in which the snake could be removed was by cutting open the stomach of the sufferer. The boy has not eaten any food except sweetmeats and new milk for more than a year past, and has a horror of everything else in the shape of nourishment."

Now physicians know that there are certain entozoa that exist in the human organism, and often cause distressing symptoms, and continued ill health. But that a "snake," or a toad, or other reptile, could maintain an existence in the stomach for two hours, much less two years, is a fiction that our profession should lose no opportunity to combat. Cases where reptiles are supposed to exist in the stomach are most likely of a hysterical character, and the contortions of the reptile, its "gnawing," and its violent efforts to escape from its prison house, are all imaginary.

We once had a patient, a very respectable lady, who fancied that she had a snake in her throat that was trying to escape. She could feel it with her finger! Would open her mouth, and wonder that we could not see it, and pluck it out! She forewarned us that it was of no use to try to convince her that there was nothing there, for she *knew* better! Had turned away several physicians because they would not believe her. There was nothing left but to prescribe *something*. We succeeded, in course of time, in relieving her partially, at least of the irritation in her throat, but she insisted that our remedies were *bringing the reptile away piecemeal!*

We have heard of a case in which a patient insisted that she had a toad in her stomach. Her physician at last admitted the statement, and prepared to relieve her *mind* of the toad in this way. Giving her an emetic, he awaited its operation; in his officiousness in supporting her head as she vomited, he managed to cover her eyes while he adroitly threw a live toad into the vessel! It was enough,—the patient, with a "I told you so," was cured from that hour!

Such a "pious fraud" was perhaps excusable under the circumstances, but it is always better, and much more in accordance with the spirit of our calling, if we can cure the hallucination by removing the ill-health that causes it.

If any of the "thirteen physicians," who met in consultation in the case quoted above, are readers of the Reporter, we trust that they will give us the result of their deliberations, the treatment adopted, and its effect. "Thirteen physicians" would embrace all of the profession of most of our counties—and if the item above is true, "the cause" must have attracted much attention. What is there of it in Cumberland county?

## Notes and Comments.

#### Antidote to Cyanide of Potassium.

This substance is extensively employed in the arts. When it is handled much or carelessly, it is apt to produce very painful and obstinate sores. The foreman of the gilding department of the American Watch Works, writes to the Boston *Journal of Chemistry*, that experience has taught him that the most effectual remedy which can be employed in such cases, is the proto-sulphate of iron, rubbed up with raw linseed oil (would not glycerine be neater?). The hint is worth remembering.

### The Chicago Medical Journal.

The above journal announces, that on and after the first of January next, it will be issued *semi-monthly*, at $3 a year in advance, or $4 after six months, each number to contain 32 pages. Regular correspondence will be received from the principal cities of this country and Europe. The editor expects to devote much more time to the journal, and make it increasingly interesting and useful. We wish it success, and have no doubt that this change will add materially to its circulation.

### Beef Eating Frenchmen.

According to Dr. HINGSTON, the well-known surgeon of Montreal, the Franco-Canadians eat a great deal of meat; the Anglo-Canadians very little. The former are robust, and the diseases which predominate amongst them are those of the digestive apparatus. The English are less vigorous, and pulmonary diseases prevail amongst them. Here is a strong argument in favor of beef.

### Puerperal Hallucinations.

On Tuesday, a coroner's inquest of some importance, was held at Roblaw Hall, near Wigton, on the body of a male child, the illegitimate offspring of a young woman, aged nineteen years, before W. CARRICK, Esq., Coroner. The inquiry caused much interest in the neighborhood, as there had been rumors circulating as to the mother of the child having been unfairly dealt with, and the surgical attendance not having been satisfactory, so that the medical man who attended the young woman was, by public opinion, somewhat implicated. It therefore became necessary to make the most thorough and strict inquiry, and this took place before the coroner, when both the jury and the coroner entirely exculpated the medical attendant (Dr. MCNAUGHTAN) from any blame whatsoever in the matter. The evidence of Dr. MCNAUGHTAN himself, of Dr. TIFFEN, of Wigton, Dr. MCLACHLIN, assistant to Dr. MCNAUGHTAN, and of Dr. BROWN and Dr. ELLIOTT, of Carlisle, entirely concurred in showing that the labor was a natural one, and the child delivered in the usual manner. The young woman was under the impression that premature delivery had been induced, that "turning" had been performed, and that the child died subsequently from the injuries inflicted. There was not the least foundation for either statement; but it appears that she was partly delirious during labor, and, according to the evidence of her step-mother, had called out, "Doctor, Doctor, you are hurting me," while Dr. MCNAUGHTAN was in another part of the room. This piece of evidence, besides its importance in this particular case, has an important medico-legal bearing, and will deserve to be hereafter remembered.—*Brit. Med. Journal.*

### Our Enemies, the Marshes.

M. LOMBARD, of Geneva, shows, from a great collection of statistical documents, that winter and spring are the seasons of greatest mortality in the north and centre of Europe. In the south, on the contrary, summer and autumn are the most destructive seasons; but marsh miasm, where it exists, transforms the period and character of the mortality. The same influence, as M. SIMMONEAU has shown, is the great obstruction to the acclimatization of Europeans in hot climates. It is to the perfect drainage of the soil that our efforts must be directed in both cases.

### A Doctor's Bill in the Reign of William III.

In the diary of Sir THOMAS ROKEBY, Justice in the Court of Common Pleas, in the reign of WILLIAM III., just published, occurs the worthy valetudinarian's doctor's bill for only two months, October and November, 1697.

"Purging pills, 2s.; leeches, 6d.; aperitive ingredients, 1s. 6d.; hysterike water, 2s.; a purging bolus, 1s. 6d., purging pills, 1s.; Gascan powder, 4s.; vermifuge pills, a box, 3s. 4d.; a purging bolus, 1s. 6d.; purging pills, 1s.; cephalick drops, 2s. 6d.; an hysterick julep, 3s. 6d.; hysterick pills, 85, 6s. 8d.; a vomitive potion, 2s. 6d.; a stomattick cordial, 2s.; a cordial potion, 1s. 8d.; vomitive salts, 3 doses, 1s. 6d.; the hysterick julep, 3s. 6d.; mithridate, 1s.; the vomitive potion, 2s. 6d.; vomitive salts, 1s. 6d; the hysterick pills, 6s. 8d.; the hysterick julep, 3s. 6d.; salammoniac, 6d.—£2 17s. 10d."

Spite of this drenching to which he had to subject himself, he lived to the age of sixty-seven.

### Testing Glycerine.

The effect of glycerine on tender and broken skin should be mild, but physicians often hear complaints of its burning and inflammatory action, even when it has been largely diluted with water. The effect of such glycerine is now known to be due to the presence of a certain amount of oxalates and formates, also traces of ammonia. Litmus paper will remain unchanged in such impure glycerine; but when the latter is mixed, in a test-tube, with its equal bulk of sulphuric acid, a strong effervescence will take place. It has also been ascertained, that such glycerine was not obtained by the process of distillation, but was only partially purified by chemical action.

# Correspondence.

## DOMESTIC.

### Eczema Caused by Contact with Poisonous Plants.

Editors Medical and Surgical Reporter:

I have just read a communication in the 18th number of the Reporter from Dr. Stokes, entitled, "Peculiar Cases of Poisoning from the Root of the Rhus Toxicodendron." Although the peculiar affection caused by the poison alluded to is well described, the Dr. has omitted the diagnosis, but I have no doubt but what he will agree with me, that the case in question was no other than a variety of *eczema* (*E. rubrum*, Wilson.) It has been my fortune to have treated no less than *thirty* laboring under this form of eczema, besides having myself frequently suffered. There are two varieties of the plant *rhus* which can be considered poisonous; viz., *R. radicans* (Syn. Poison Ivy), and *R. toxicodendron* (Syn. Dogwood, Poison Oak, Swamp Bane). Both these varieties are found in the Northern and Southern States. Although the former is properly a *vine* it cannot, as some assume, be excluded from the sumach family, since both the shrub and the vine have been observed shooting out from the same stock. These, as individuals, are frequently *wrongly* ascribed to the families *cornus* and *hedera*, which has no varieties possessing poisonous properties.

When the juice of either root, bark, or leaves is applied to the skin of some persons, the form of eczema above-mentioned appears. This under favoring circumstances will speedily assume an erysipelatous form, and cause the physician to make a mistaken diagnosis, unless he be on his guard. Many can handle the poison sumachs with perfect impunity, yet there are some idiosyncracies extremely susceptible to the volatile matter which escapes from these plants at all seasons of the year. I knew a clergyman in northern Massachusetts who was made dangerously ill by inhaling the smoke from a stove which had been fed with "dogwood" sticks. Scratching renders the affection more aggravating, and causes it to spread wherever the nails come in contact with the body. The *pudenda*, particularly the "*dartos*," are most liable. I have seen the scrotum enormously swollen, and exceedingly painful from unconscious scratching in the night time. Children frequently poison one another, and I have had them brought to me when the nurse positively denied the possibility of the child having approached any locality where the "*rhus*" was found. On inquiry I ascertained that this child had been playing with another who had been "ivy poisoned."

The treatment I pursue is chiefly antiphlogistic. I use cloths dipped in cold water made alkaline with sodæ bicarb., and apply *dry calomel* or the *citrine ointment*, as the case may require. If the case be seen at once when pruritus commences, the parts affected should be bathed in a solution of soda and the mercurial ointment applied thoroughly. A saline cathartic and light diet will complete the cure.

Chandler B. Braman, M.D.

*Brighton, Mass., Nov.* 1867.

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### Treatment of Nasal Polypus.

Editors Medical and Surgical Reporter:

The treatment of nasal polypus, communicated to the *Lancet* by Mr. Thomas Bryant, of Guy's Hospital, has proven very successful in the hands of some, but has often failed in the hands of the most skilled. I have observed in Bellevue Hospital, New York city, that if the polypus be removed, then the astringents applied, it would in all cases effect a permanent cure, but have found that the *Tannin* alone will not prove successful unless the polypus be first irritated or removed. I would therefore suggest, that if the polypus cannot easily be removed, a probe should be introduced and its surface irritated, then insufflation of tannin will most assuredly prove successful.

James C. Brobst, M.D.

*Bernville, Pa., Nov. 8th*, 1867.

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### Tobacco as a Prophylactic in Intermittent Fever.

Editors of Medical and Surgical Reporter:

In reply to Surgeon King's article on "Tobacco as a Prophylactic in Intermittent Fever," in No. 550 of the Reporter, I would say, as my practice is principally in the malarial region of the Wabash and Black rivers, I have good opportunities for observing the prophylactic effects of medicines, etc., and that I have utterly failed to observe any prophylactic properties of tobacco in malarial diseases; but, on the other hand, see numerous cases of malarial disease in persons who are habitual users of the "filthy weed." And, like Dr. Wright, of Illinois, in view of the prophylactic property of quinia in this disease, I consider the habitual and excessive use of tobacco the greater affliction of the two.

James M. Claiborne, M.D.

*Stewartsville, Ind., Nov.* 8, 1867.

# News and Miscellany.

### The Fever in Mauritius.

We have referred to this fever on one or two occasions. The *Lancet* says:

We learn that the Council of the Epidemiological Society has urged the Minister for the Colonies to institute a special inquiry concerning the outbreak of fever which is devastating the Mauritius. This frightful malady, which, during the five months from January to May alone, has caused an excess of upward of 20,000 deaths among a population of about 350,000, is not, it would appear, bilious remittent fever, but a pernicious intermittent fever. We state this on the authority of Dr. P. Victor Bazire, who knows the island and its diseases intimately, and who speaks from special information, and from personal examination of individuals who have just arrived in England from Mauritius, and who have suffered from the disease. Bilious remittent fever is endemic in Mauritius, but pernicious intermittent was until the recent outbreak a rare affection. The latter malady is locally known as the Madagascar fever, from its prevalence in that island. Dr. Bazire suggests that the present outbreak of the pernicious malarial disease in Mauritius arises mainly as a consequence of the denudation which the island has undergone of late years, from the indiscriminate felling of wood. Large tracts of land have been laid positively or relatively bare, and one result has been that the rains have become (as in the like case in some parts of France) more violent and less frequent. This had led, in the lowlands, to a more extensive formation of swampy ground, and to an exaggeration of the conditions under which malaria is developed. A secondary cause has been the felling, in some instances, of the screen of trees which interposed between a marshy district and a populous locality, and the destruction of so important a defence against the diffusion of malaria by the wind.

It is difficult rightly to conceive the disastrous effects which the present outbreak of pernicious fever is exercising upon the colony, and it behoves the Home Government to cause a thorough investigation to be made of the subject. A special commissioner should be sent to the island forthwith.

### Photographic Surgery.

An unusual application of photography has lately been mentioned in the French papers. A gentleman who had married a young and handsome lady, of whom he was extremely jealous, was obliged to apply to a surgical celebrity of Paris, on account of a boil which caused the lady great pain, and was situated about the cardiac region. To allow of an inspection, was out of the question, and nothing could induce the husband to sanction it. The surgeon declined prescribing blindfold; but the difficulty was overcome by the gentleman's skill in photography and tinting. He presented to the Doctor the exact fac-simile of the affected part, was told what course to pursue, and to report progress in a few days. This was done very punctually, and a second photograph presented. After three or four visits of this kind, the wife was well, and the husband much pleased with the success of his contrivance!—*Lancet.*

### Syphilis and the Bottle.

There are so many ways of contamination, that some are probably to this day unknown. The blowing of bottles has lately been the means, at Montlucon in France, of spreading the complaint from one individual to almost all the workmen of the glass-house. Such danger had been long pointed out by the medical men of Lyons, and one of them had even contrived a mouthpiece which would prevent the mischief. But manufacturers and their men are impatient of restrictions, and will not listen to scientific advice until the mischief is patent.—*Lancet.*

### The Disease of Job.

We are apt to smile sometimes at the enthusiasm, energy, and industry antiquarians will throw into their investigations upon what may seem to the outside world matters of little importance; and it would seem that the Medicos are not devoid of this spirit on suitable occasions, for the Société Impériale de Médicine de Lyon has devoted its recent meetings to the discussion of the nature of the affection from which Job was a sufferer. M. Rollet entered into an elaborate historical investigation on the subject, and after rejecting the various other maladies which have been suggested, came to the conclusion that scorbutus was really the one in question. Weighed down by moral causes and depressing influences, the patriarch, the subject first of a general neuropathy, exhibited various cachectic symptoms, chief of which were severe stomatitis, accompanied by fetid breath, difficulty of eating, emaciation, abdominal pains, and diarrhœa. The blackish color of the skin, petechial eruptions, purpura, and sanguineous effusions, are all pathognomonic of scorbutus. M. Aubert Roche and other observers have shown that scorbutus, accompanied by ulcerations, is of frequent occurrence on the borders of the Red Sea. M. Diday could not admit this view of the case, for it is evident that Job's complaint was regarded as a rare one, and the length of his objurgations shows that the condition of his mouth could not have been very bad. It was, in fact, one of those indefinite forms of tertiary syphilis which we still meet with, that Job labored under, and an analogous example of which the speaker related. The extensive sores, pains in the bones, purpura, and other signs of cachexia, are thus to be explained. The vast sores from which Job suffered, M. Girin believed, arose from his scratching himself so desperately, in consequence of the existence of general eczema, which also gave rise to brown and blackish crusts. M. Gailleton regarded the affection as very like the lepra met with in Mexico at the present time, and if it was not lepra, it was pemphigus; but, unfortunately, our defective knowledge as to the etiology precludes a decided opinion on the subject. M. Rodet

could not admit the imputation of syphilis, for Job was a man of pure life, and had his wife suffered through his instrumentality, her invectives would only have increased. In fact, gonorrhœa was the only venereal affection endemic in Palestine. That the disease was not the lepra of the Hebrews, described by Moses, seems clear; nor is it probable that it was the tuberculous lepra observed at the present time, which is never spontaneously cured.—*Med. Times and Gazette.*

### Medical Teaching.

The *Boston Med. and Surg. Journal* gives a brief outline of the introductory address of Dr. O. W. Holmes before the class of the Massachusetts Medical College. It says:

"The discourse was replete with wisdom and learning; with literary and scientific reference, and illuminated with bursts of wit so unexpected and sudden as to electrify.

"The main topic of the discourse was Medical Teaching—as it was, as it is, and as it should be. Medical teaching *as it was*, Dr. H. illustrated by a fanciful description of Dr. Giles Furmin, (of the time of the Apostle Eliot), followed by his pupil "Luke" on his rounds in the town of Ipswich. The colloques, given in the quaint language of "ye olden time," were equal to any of the old style dialoguies of Thackeray.

Medical teaching *as it should be*, was illustrated by a most feeling sketch of the revered James Jackson.

The "one-man system of teaching" of former days had such marked advantages in some respects over the method of medical instruction *as it is*, that Dr. Holmes felt called upon to say something in defence of the present way of doing things.

Lectures he approved of as adjuncts to bedside teaching, but he would rather shorten than lengthen their present terms. You must learn much that is not directly useful in medicine, in order to get hold of and retain what is directly useful. Thus facts must be collected in groups—arranged in systems, and then they have become science. Function is best studied in connection with structure; pathology side by side with physiology, etc. But lecturer and student should avoid giving to the investigation of merely curious phenomena, time which belongs to points bearing on his future fitness to be a healer of the sick.

He would have the student's attention called to such questions as these: Why is consumption constantly carrying off such crowds of victims, and what is to be done about it? Why did 1700 babies die in Boston last summer? Why has the vitalizing force in females deteriorated in this region? And, why should a woman with vital force equivalent to "one-baby power," be expected to do as much child-bearing as a woman "of twenty-baby power?"

Homœopathy came up in the course of remark, and got *encysted*, in which condition, said the Doctor, it is carried easily on the body medical, like an old wen.

In the concluding passages, which were a sketch of Dr. James Jackson as the model physician, Dr. Holmes declared that though he had followed many noted foreign practitioners, British and French, he could not recall one who at the bedside was quite the equal of Dr. Jackson.

### Cleaning Marble.

It may be of some value to telegraph operators, who have marble-based instruments, and housekeepers who have marble-top furniture, to know that the common solution of gum arabic is an excellent arsorbent, and will remove dirt, etc., from marble.

1st. Brush the dust off the piece to be cleaned, then apply with a brush a good coat of gum arabic, about the consistency of a thick office mucilage, expose it to the sun or dry wind, or both. In a short time it will crack and peel off. If all the gum should not peel off, wash it with clean water and a clean cloth. Of course, if the first application does not have the desired effect it should be applied again.

2d. Make a paste with soft soap and whiting. Wash the marble first with it, and then leave a coat of the paste upon it for two or three days. Afterward wash off with warm (not hot) water and soap.—*G. C. F., in the Sci. American.*

### "What will he do With it?"

A case of poisoning occurred the other day under very curious circumstances. At a parcels office, amongst the packages for delivery, was a box marked "Glass, with care." Of course, with such an inscription, the box was roughly handled, with such violence, indeed, that a bottle packed inside was broken, and its contents leaked out. A porter, scenting a spirituous odor, unhesitatingly pronounced the liquid to be brandy, and naturally drank a tablespoonful of it. It was Fleming's tincture of aconite. Serious symptoms of poisoning rapidly occurred, and the man was taken to King's College Hospital, where, under prompt treatment, he recovered. The box being opened was found to contain four quart bottles (one broken), all alike in appearance, and *none labeled.* The package was addressed to a homœopathic practitioner in the country! In our simplicity we have always looked upon five drops of this powerful tincture as a full dose. This quantity, indeed, diluted with water to trillionths and quadrillionths, according to Hahnemann's precept, would be sufficient to physic many thousands of persons. But a whole gallon! The mind instinctively refuses to accept the idea of such a quantity being required, even if the collective faculty of homœopaths was occupied in treating all the inhabitants of the globe and used no other remedy.—*Lancet.*

### Scarcity of Anatomical Material in London.

The *Lancet* says:—"Loud and many are the complaints from metropolitan schools concerning the scarcity of subjects for dissection; and, indeed, such scarcity is a very great evil, which, if it continue, must inflict injury on the profes-

sion, for it is impossible that students can properly learn their anatomy unless the dissecting-room be duly supplied. The number of persons who die in our public institutions and are never claimed, more than suffice for anatomical purposes, and to such subjects the Anatomy Act is intended to apply, nor do we consider its provisions inadequate if fairly carried out. In former years a certain sum of money was set aside and appropriated to remunerate undertakers for the increased trouble entailed by giving up a subject to the schools, and it appears that the present difficulty is chiefly or entirely due to the suppression of this remuneration. Greater aptitude or greater diligence should be exerted in this matter, for under present circumstances both teachers and students are very properly dissatisfied."

### Sequelæ of Surgical Operations.

M. Maisonneuve thinks that of every hundred patients who die after surgical operations, at least *ninety-five* are poisoned. This he explains by showing that in most cases of the kind referred to, certain morbid products, the result of the operation, are developed either in the blood or on the surface of the body, and make their way into the system. He formulates his remarks thus:—(1.) The blood and other animal fluids, when exposed freely to the air, or in contact with aqueous substances, soon lose their vitality. (2.) Once dead they are liable to putrefy under the influence of heat, moisture and air. (3.) The products of such putrefaction are highly poisonous. (4.) It is the same with such secretions as the urine, bile, and intestinal juices. (5.) In infiltrating the permeable tissues with which they are in contact, these poisoned liquids give rise to gangrene, erysipelas, &c. (6.) These same liquids, either by themselves or mixed with the special products of inflammation they provoke, can, in entering the circulation, alter the blood and disturb important functions. (7.) After expulsion from the blood-vessels they may remain in the capillaries, the parenchymata, serous tissue, etc., and give rise to abscess, anthrax, etc. (8.) The entirety of the disturbances constitutes surgical fevers. To prevent these terrible consequences of operation, M. Maisonneuve suggests the adoption of the subcutaneous method, and the employment of all means of preventing putrefactive purposes.—*Lancet.*

### The Dental Vulcanite Question.

A meeting of the Dentists of the West was held in Cincinnati, November 7, to take into consideration the dental vulcanite question, and the following resolution was adopted:

*Resolved*, That we approve of the course pursued by the Executive Committee and the attorney who have been active for the dental profession of the West in contesting the Claims of the Dental Vulcanite Company against the profession, and that we request them to continue the defense to the ultimatum, believing, notwithstanding the decision of Judge Wilson of New York, that the importance of the subject demands full and final investigation by the highest tribunal in the country.

### A New Anthelmintic.

Dr. Thomas E. Broaddus, of St. Charles, La., writes to the *New Orleans Medical and Surgical Journal*:

In 1861, Mr. L., a gentleman of robust frame and remarkable muscular development, became subject to frequent attacks of gastro-intestinal irritation, and I was repeatedly called upon to prescribe for him. My usual prescription was mercury, in some form or other, combined with a sedative. This treatment invariably relieved his most urgent symptoms; but he was rarely willing to admit that he felt perfectly well.

On one occasion, when he was more than usually afflicted—complaining of considerable pain in the umbilical region, with frequent ineffectual efforts at evacuation—I requested him to take fifteen grains of blue mass, to be followed, in a few hours, by an ounce of castor oil. Upon visiting him the following day, I saw, from the expression of his countenance, that something unusual had occurred and that it had not been of an unpleasant character. With the first dejection, after taking the oil, he had passed more worms (lumbricoides) than I have ever known to issue from another patient, and declared himself "a new man."

Being somewhat astonished at this more than usual vermifuge effect of my remedy (especially as my diagnosis had not included the existence of worms), I inquired if he had taken anything besides what I had recommended, He assured me that he had followed my directions to the letter, and that he had "swallowed the blue mass in lumps"—he had not been able, with all the flour he could add, to make it into pills. Upon examining his pot of "blue mass," I discovered that it was *mercurial ointment*, which fully explained the difficulty he had encountered in making the pills.

A few months after the case alluded to above, I was called to see a negro woman, about fifty years of age, belonging to Mr. P. M., of this parish. From all appearance, her disease was intermittent fever, without any complication that I could discover. As the treatment of the case had been perfectly orthodox, I was surprised to learn that its frequent repetition had not been able to carry her beyond the relapsing period; and as the buccal secretions were viscid, and the tongue presented the same *punctæ* we so often see in wormy children, I thought it would not be amiss to administer a vermifuge. Fifteen grains of the ung. hydrarg., followed by an ounce of castor oil, brought away a large number of worms; and, without any more quinine, her tertian disappeared.

With these two cases as a basis for experimentation, it is not surprising that I should have been tempted to use this remedy when, doubtless, our ordinary anthelmintics would have answered every purpose. Satisfied as I now am, that its antagonism to verminous life is as great *within* the body as upon its surface, I reserve its use for cases which rebel against common modes of treatment. The immediate object, however, of what I have written, is to doubly call attention to he following case:

Mrs. ——, wife of a wealthy planter, had, at different times, discharged several pieces of tape-worm, but had not been fortunate enough to expel the head. Having failed to obtain lasting relief, she remained for several months without treatment. In the autumn of 1864, as she was suffering greatly, I advised her to resort to a new remedy. The treatment was as follows: From breakfast until 8 P. M., she took absolutely nothing into the stomach—neither liquid nor solid. At this latter hour she drank a cup of sweetened milk. An hour after the milk, she took twenty grains of ung. hydrarg. made into an emulsion. Early on the following morning she had a draught composed of an ounce of castor oil and a drachm of spts. of turpentine. A few hours after the draught, she had a copious and very bilious evacuation; and, with it, discharged some ten or twelve feet of tape-worm—the head being this time expelled. Her health has been invariably good since that event.

### How to Test the Purity of Quinine.

In these days of pharmaceutical adulteration, a reliable test for the purity of a drug is of the utmost value. The method, therefore, which M. Stoddart recommends for the detection of quinidine when mixed with quinine, may be of interest to our readers. Six grammes of the suspected quinine are dissolved, in a test-tube, in five grammes of sulphuric acid, diluted with three grammes water; to this are added 7.5 grammes ether, eighteen grammes alcohol, and two grammes of a solution of sodic hydrate, containing about eight per cent, The mixture is well shaken, and left to itself for twelve hours. If quinidine, cinchonine, or cinchonidine are present, they will be found in a layer below the ether—quinidine as an oily liquid, cinchonidine in crystals. The second method consists of a microscopic examination of the crystalline precipitate produced in a saturated and neutral solution of quininic sulphate by potassic sulphocyanide.—*Popular Science Review.*

### Influence of Heat on Muscular Contraction.

A valuable paper has been laid before the French Academy, by M. Chmoutevitch, in which the author shows that heat has a greater effect on the determination of muscular contraction than is generally supposed. M. Chmoutevitch conducted his experiments on the gastrocnemius of the frog, and has arrived at these conclusions: 1. The mechanical power of the muscle increases up to thirty degrees, to thirty-three degrees, (centigrade,) according to its length and tension. 2. If the temperature be raised above thirty-three degrees, the power of the muscle diminishes, until, as the temperature becomes higher, a point is arrived at, which may be called the zero of work. 3. In experimenting with two muscles, which, in all but temperature, are under like conditions, it is found that the one submitted to the higher temperature loses its power of contraction more rapidly than the other. 4. The total work of a muscle (represented by the weight it can sustain) is always greater at a low, than at a high temperature. 5. The explanation of the increase of mechanical work during the elevation of temperature is found in the fact, that the elasticity of the muscle increases with the temperature.—*Brit. Med. Journal.*

### A Valuable Antiseptic.

If all that Mr. W. L. Scott claims for the bi-sulphite of lime, be realized in practice, it is likely to be an agent of whose uses we may often avail ourselves in practice with advantage.

"Beef-tea or broth, in hospitals or otherwise, may be prevented from turning sour, by stirring in a few drops of the bi-sulphite of lime solution to each pint of the soup; and the same plan will enable us to keep jellies, which ordinarily decompose so rapidly in the organic germ-laden air of the sick-room, for many days unimpaired; these are, in my opinion, considerations of some moment in all circumstances, but most especially in the habitations of the poor. Clothes or matting, soaked in the same solution and hung up, act as disinfectants of the most effective kind, and do not exhale the peculiarly unpleasant odor of carbonic acid, or the irritating vapors, so distressing to the bronchial system, of the chloride of lime. I have successfully employed the bi-sulphite of calcium for the preservation of numerous anatomical and other specimens, as it does its work perfectly, and without occasioning the great changes of color and contraction of muscular structure so frequently produced by ordinary antiseptics; moreover, its special advantage over the preparations of mercury and arsenic lies, in my thinking, in the fact that it is not poisonous, and can therefore be handled with perfect safety. For ointments, a fluid drachm to each pound is quite sufficient to preserve them, while it has no injurious action whatever, and is quite compatible with the great majority of ointments and oily preparations—a remark which does not apply to the alkaline sulphites and bi-sulphites which have, from time to time, been brought forward for similar purposes."—*Brit. Med. Journal.*

### Fluorine.

Many attempts have been formerly made to obtain this highly electro-negative element in a separate state, but without success. M. Prat now avers that he has isolated fluorine by heating fluorine of lead either with nitrate of potash or binoxide of manganese. The result of this operation is a gaseous mixture of oxygen and fluorine; from this the oxygen is abstracted by passing the mixture over heated oxide of barium. The binoxide of barium is formed while the fluorine is left in the form of a gas. M. Prat states it is colorless, and has an odor resembling chlorine. It decolorizes indigo; reddens litmus; fumes on coming in contact with air; gives dense fumes with ammonia; decomposes water, as well as hydrochloric acid; unites with hydrogen in diffuse light, forming hydro-fluoric acid; and last, it combines with all metals, excepting, perhaps, platinum and gold. M. Prat's experiments are to be repeated before a committee from the French Academy of Sciences. He seems to have selected a most direct path to success by first obtaining a mixture of two gases, which, it is well known, do not combine chemically.

### Wilde's Bullet Probe.

Mr. Sylvester Wilde has invented an instrument for extracting bullets in wounds, which has been aptly called a sensitive artificial finger, for its action depends on the actual presence of the bullet sought for. It consists of two insulated steel wires, which are connected with an electro-magnet and a bell, so arranged that the electric circuit will pass through the two wires whenever they are connected by contact with the same piece of metal, which will form a part of the conductor. The points of the probe are sheathed in a sliding-tube when introduced into the wound, and are not uncovered until the supposed bullet is felt. The forceps have curved points, and are not pallets or spoons. When the ends of the probe are uncovered, on touching the bullet, the latter completes an electric circuit, which sets in motion a magnet, and by its attraction compels the forceps to grasp the bullet; it is then ready to be drawn out.

### Mental Medicine.

At the meeting of the Academy of Medicine, Sept. 17, 1867, (*Gaz. Hebdom.*), Dr. Lisle read a note upon the treatment of cerebral congestion and hallucination by arsenious acid. The conclusions of his paper are the following: "The insane often present symptoms of cerebral congestion. This is always the case with those laboring under hallucinations. Of 193 of the latter, treated by arsenious acid, 131, or 67 per cent. were cured, and 27 experienced a marked and permanent improvement. Hallucination, hitherto considered as a symptom of insanity, is simply a complication nearly always grave. It is the most characteristic symptom of cerebral congestion. Arsenious acid is a remedy really specific in the disease. It is also very useful in cases of paralysis, incoherency, melancholia, etc., free from hallucinations, but presenting the evident signs of cerebral congestion. Arsenious acid, administered with prudence and watched with care, is one of the most inoffensive agents of the materia medica. The dose varies from 5 to 16 milligrammes (1–13th to $\frac{1}{4}$ grain) administered three times a day at the beginning of each meal."

### Koomiss.

Dr. Stahlberg, physician to the factories of Sorga in the Oural, read a paper before the French Academy of Medicine, on the efficacy of koomiss, or fermented mare's milk, in the treatment of pulmonary diseases. Its use is said to lessen the secretion of the mucous membranes, and afford better nourishment. The Khirgeses prepare the best kinds of this beverage, and administer it with success to those who have a tendency to consumption.

### The Law of Diffusion.

One of Herr Merz's methods of exhibiting the phenomena of diffusion is to remove a portion of the shell of an egg, by means of hydrochloric acid, so as to leave the membrane exposed, and to suspend the egg in water from the arm of a balance, the opposite arm being counterpoised. In about a half an hour the position of the balance will show that the egg has increased in weight, in consequence of the passage of water through the membrane. On substituting alcohol for the water surrounding this egg, and adding weight sufficient to bring the arms to the same level, after a short time the egg will begin to rise, thus proving that it has become lighter in consequence of the passage of the water from the egg into the alcohol.

### Sir Anthony Carlisle Nonplussed.

The following anecdote used to be related by the late William Hazlitt. He was out visiting Mr. and Mrs. Basil Montague, when Sir Anthony Carlisle came in, apparently in a state of more than his usual self-complacency, having just received a complimentary testimonial from the Apothecaries' Hall. In answer to the inquiries of Mrs. Montague, he said, very pompously and somewhat profanely, "Madam, the glorious Company of the Apothecaries praise me!" "But," retorted Mrs. Montague, "what say the noble army of martyrs, your patients, Sir Anthony?" Sir Anthony was so nonplussed by this witty rejoinder, that he somewhat suddenly took his leave.

### Laryngoscopy.

The following useful suggestion is made by a correspondent of the *Chicago Medical Examiner:*

"I have frequently been able to overcome the irritability of the throat, sometimes so troublesome in laryngoscopic examinations, by throwing upon the velum and posterior portions of the pharynx a spray of sulphuric ether, by means of Richardson's apparatus. The patient should take a full inspiration before commencing the operation, and the spray should be rapidly carried from point to point, so as not to produce congelation. This method is quicker, more convenient, and more efficacious than ice."

### Urtica Urens in Hæmorrhages.

Two species of nettle, urtica dioica (common nettle), and urtica urens (dwarf nettle), common to both Europe and America, were formerly officinal in our pharmacopœia. They have long enjoyed a reputation as astringents and diuretics. Dr. J. C. Crocker, of Galway, N. Y., in a letter to the Boston *Journal of Chemistry and Pharmacy*, states that for many years he has used a saturated tincture of the plant in passive hæmorrhages, with great benefit. He has given it in purpura hæmorrhagica and in hæmorrhage from the stomach and uterus. In diseases of the mouth and neck of the uterus, he attributes to it an anodyne influence. The preparation he usually employed was the saturated tincture, which he gave in teaspoonful doses. He has found the expressed juice equally efficacious.

—— Appointments. The Commissioner of Pensions has appointed W. B. Greene Examining Surgeon at Tompkinsville, Monroe County, Kentucky.

—— It is stated that the second volume of the Sanitary Commission's publications is in press. The first volume, the History of the Commission, by Mr. Stillé of Philadelphia, appeared some time since. The second, on Medical Topics, is edited by Dr. Austin Flint. Other volumes, edited by Drs. Hamilton, Hammond, and others, will follow. The surgical volumes it is expected will be handsomely illustrated with chromo-lithographs. The series cannot fail to be of great value to those interested in military medicine.

—— The Italian government has been the first to recognize by law the devotion and disinterestedness of the medical profession in their attendance upon cases of cholera. By a recent law the Chambers have provided that an annual pension of four hundred francs shall be paid to the widow, and a thousand francs to the children of any physician who dies from such exposure. The pension of the widow ceases if she marries again, and that of the children on attaining majority.—*Boston Med. and Surg. Journal.*

—— A New Reagent. Professor Bottger has prepared a new and highly sensitive chemical test for acids and alkalis, from the leaves of an ornamental plant named, in honor of the Dutch horticuralist Verschaffelt, *Coleus Verschaffelti.* The reagent is prepared by digesting the fully developed leaves in alcohol, and impregnating slips of Swedish filter-paper with the decoction. This test-paper differs from litmus—prepared from a certain species of lichen—in having a beautiful red tint, which becomes green under the influence of an alkali or alkaline earth. It is not affected by free carbonic acid, so that it may be used in detecting traces of carbonate of lime in water. A strip of this paper moistened in water, and held over a burner from which gas is issuing, assumes in a very short time a green tinge, in consequence of the ammonia, from which, perhaps, no gas is altogether free.

—— Dr, J. V. C. Smith, of Boston, and Dr. J. H. Griscom, of New York, have been adjudged the successful competitors for the "Prize Essay on the Physical Signs of Longevity," for which $500 was offered some time ago by the American popular Life Insurance Company. The essay of the gentlemen was so good that the committee could not determine which was the better, and the prize was awarded to each.

[*Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.*]

## MARRIED.

Beach—Warren.—In Stamford, Conn., Nov. 6, by the Rev. R. B. Thurston, Eugene Beach, M.D., of Gloversville, N. Y., and Miss Sarah J. Warren, youngest daughter of J D. Warren, Esq., of Stamford.

Dunham—Sickel.—In Trenton, N. J., on the 5th inst., at the residence of the bride's father, by the Rev. Samuel D. Studdiford, Dr. Charles H. Dunham and Anna L., daughter of Amos Sickel, Esq., all of that city.

Jenks—Joy.—At the house of the bride's father, Hon. James F. Joy, Nov. 6th, by the Rev. Samuel T. Clarke, E. W. Jenks, M. D., and Sarah R. Joy, all of Detroit, Mich.

Moody—Tinker.—At Westfield, N. Y., Oct. 22d, by Rev. Joseph E. Tinker, of Franklinville, Geo. C. Moody, M.D., of Titusville, Pa., and Miss C. Elizabeth Tinker, of Westfield.

Owen—Graves.—On Tuesday evening, Nov. 5th, by the Rev. Henry W. Beecher, at the residence of the bride's father, Mr. R. R. Graves, Dr. Fred. W. Owen and Louisa M. Graves, a l of Brooklyn.

## DIED.

Jewell.—Fell asleep in Jesus, suddenly, on the 4th inst., Wilson Jewell, M. D., in the 67th year of his age.

McGregor.—Providence, Nov. 4.—Dr. John McGregor, recently of Thompson, Conn., was thrown from his carriage to-day, in this city, in consequence of colliding with a freight car, drawn by horses. The car crushed his arm to the shoulder, and the Doctor died within three hours after the accident. Dr. McGregor was a surgeon in a Connecticut regiment, and made prisoner at the battle of Bull Run.

Ross.—At Henderson, Ky., Oct 31st, Dr. James Price Ross.

Williams.—Suddenly, on Monday, Nov. 4th, at East Haddam, Conn., Datus Williams, M. D., aged 74 years.

## OBITUARY.

### Andrew J. Smiley, M. D.

At a meeting of the Southern Medical Society of Philadelphia, held Nov. 4th, the following preamble and resolutions were unanimously adopted.

*Whereas*, By a dispensation of Divine Providence, (since our last social gathering,) it has so pleased Him to take from our midst our worthy and esteemed friend, Andrew J. Smiley, it is, as a token of respect to his worth as a member of the medical profession, and to his character as a private citizen, hereby

*Resolved*, That we bear testimony to the ability and dignity which he showed in the deliberations of this Society, and that we revert with pleasure to the gentlemanly and professional courtesy he always manifested.

*Resolved*, That we sympathize with his relatives and friends, and with the community at large, in his demise.

*Resolved*, That we proceed in a body to attend the funeral, to pay the last tribute of respect to our departed friend.

*Resolved*, That these resolutions be published in the Medical and Surgical Reporter, and that a copy of the same be sent to the family of the deceased.

From the minutes. H. Yale Smith, M. D.,
*President.*
H. F. Baxter, M. D.,
*Recording Secretary.*

## ANSWERS TO CORRESPONDENTS.

*Dr. W E., of Ohio.*—The catalogues of the Army Medical Museum may be obtained on application to the Surgeon-General, U. S. A. As to their prices, we are not informed*f*

*Dr. J. H. B., of Ind.*—"What is the best work on anthropology, or the difference between the races of men?" If you read German, get Dr. Waitz's *Anthropologie*, which covers a portion of the field—that embraced in the savage tribes. Col. Hamilton Smith's work, and that by Drs. Nott and Gliddon, would also interest you.

## METEOROLOGY.

| October, | 28, | 29, | 30, | 31. | N. 1, | 2, | 3, |
|---|---|---|---|---|---|---|---|
| Wind | N. E. | N E | W. | N. W. | N. W. | W. | S. W. |
| Weather | Cl'dy. Rain. | Cl'dy. Rain. | Cl'dy. | Cl'dy. | Clear. | Clear. | Cl'dy. Rain. |
| Depth Rain | | 2 1-10 | | | | | |
| *Thermometer.* | | | | | | | |
| Minimum | 43° | 48° | 46° | 45° | 41° | 43° | 47° |
| At 8, A. M. | 49 | 52 | 54 | 53 | 52 | 54 | 50 |
| At 12, M. | 57 | 65 | 58 | 58 | 58 | 65 | 61 |
| At 3, P. M. | 53 | 62 | 57 | 56 | 59 | 67 | 69 |
| Mean | 53.75 | 56 75 | 53.75 | 53. | 52.50 | 57.25 | 56.75 |
| *Barometer.* | | | | | | | |
| At 12, M. | 29.9 | 29.8 | 29.9 | 29.9 | 30.2 | 29.8 | 30. |

*Germantown, Pa.* B. J. Leedom.

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Apply at the Medical Transfer Agency. 558

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[31.] A PHYSICIAN, A GRADUATE OF THE UNIversity of Pennsylvania, and of the College of Pharmacy, wishes to purchase a physician's practice within 25 miles of Philadelphia, in Pennsylvania. Address "Physician," at this office. 559—1t.

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***SESSION OF 1867-68.***

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THE

# MEDICAL AND SURGICAL REPORTER.

No. 560.] PHILADELPHIA, NOV. 23, 1867. [Vol. XVII.—No. 21.

## Original Department.

## Communications.

### COMPOUND, COMMINUTED, COMPLICATED FRACTURE OF THE SKULL.

By Elliott Coues, A. M., M. D.,
Assistant Surgeon, U. S. Army.

A man attempted to stand erect upon the narrow bulustrade of the gallery of a church. Being tipsy, he very naturally lost his balance, and fell a distance of eighteen feet, to the floor, alighting on his head, which struck the edge of one the stairs leading to the pulpit. Blood spirted profusely from the ears, quickly forming a puddle a yard or more in diameter on the floor, where the unfortunate man lay motionless and senseless. He was immediately picked up and carried to the hospital, where I saw him, about fifteen minutes after the accident, in the following condition:

Insensible to mental or corporeal impressions. Skin of normal temperature and appearance. Complete muscular relaxation, lower jaw dropped. Eyes closed, pupils slightly contracted, fixed, not responding to the stimulus of light. No pulse at the wrist, but a fluttering irregular action of the heart could be felt. Respirations about five per minute, not stertorous, but very imperfect, in fact, merely gaspings. A large, well-marked, rounded depression at the left temple, no others to be felt. A trivial cut over the left eye. Much ecchymosis about right eye. The hemorrhage, which had been so profuse, continued in a less degree, and chiefly from the left ear; both arterial and venous blood flowed. Death stood close at hand, deriding surgery, and triumphed in about ten minutes. Just before the scene closed, the pupils heretofore fixed, dilated widely.

Among other indications, the hæmorrhage from the ears in particular pointed to the fact, that the case was more than one of simple concussion of the brain, or concussion with compression from the depression just mentioned, and from extravasted blood. The diagnosis of fracture at the base of the skull, with extensive laceration of vessels at the base of the brain, was clear. It was furthermore plainly to be inferred, from the state of the respiration and of the pupils, that the main impression upon the system, leaving exsanguination out of consideration, had been primarily from concussion, and that the consequences of compression ensued only just before death. The autopsy substantiated each of these points; and beautifully illustrated the extent and nature of the lesions which may be produced in a spheroidal bony shell, as a skull, by mechanical violence exerted primarily upon a single point of its convex surface; as well as the extent and nature of the lesions which may be thereby induced in the soft contents of such a bony globe, as a brain with its vessels and membranes.

On removal of the calvaria, the dura mater was seen to be dark purple in color, from extravasation of blood in such quantity as to distend it and cause it to fluctuate, on manipulation, not unlike an ascitic abdomen. Dissecting to the temporal region, all this blood, heretofore confined, flowed freely through several rents made in the dura mater by spiculæ of bone, which had been driven through it into the brain. The vessels of the pia mater were injected, many of them ruptured, and the interstices between the convolutions filled with small clots. The choroid plexus was in similar condition; the serum of the ventricles was tinged with blood, and some small clots floated in it. The brain showed bloody points, and minute clots, all through its substance. The internal carotid was ruptured in its cavernous or petrous portion, or both, and its blood had free exit through the meatus auditorius, the typanum being torn through, and the petrous portion of the temporal bone shattered, as will be more particularly detailed below. The cavernous sinus, or one of the two petrosals, was ruptured, and mingled its blood with that from the artery.

The depression of the skull already mentioned, was at the point of impaction of the head against the stair. The skin was unbroken, but much contused; and the subcumbent temporal muscle

was disintegrated. The squamous portion of the temporal bone was shattered, some of the pieces still remaining nearly in situ by mutual periosteal adherence; others wholly detached, and drawn through the dura mater into the brain. A fracture, almost vitreous in cleanness, began on the left side of the frontal bone, just over the orbit, and curved over the same side of the skull, in a direction nearly parallel with the superior curved border of the squamous temporal, and ended at the petrous temporal; it gaped nearly a tenth of an inch in its whole course. The petrous temporal was shivered to atoms, along its anterior and inferior aspect, from base to apex; the carotid canal was laid open and destroyed, as were also the auditory canals. The left great wing of the sphenoid was so shattered that it could be taken away in pieces nearly to its base. The left malar was detached from all its connections. The left zygoma was of course destroyed. A stellate fracture occupied the whole roof of the left orbit. The left superior maxillary was so shattered that the antrum and nasal cavity were laid open. The inter nasal septum turbinated bones, and most of the ethmoid were smashed. Both pterygoid processes were cracked. The right zygoma was broken across; and the right malar loosened from some of its other connections. The floor and inner wall of the right orbit were fissured; the rent along the former, extending to and around the orbital and oval foramina. The right great wing of the sphenoid remained in situ, but was cracked across the middle, the fissure extending into the orbit. There was a partial fracture horizontally across the right squamous temporal. Another complete and much more extensive fracture ran perpendicularly between the squamous and upper part of the mastoid, across the base of the zygoma, into the external auditory meatus, then into the back part of the glenoid cavity, thence to the base of the temporal and along the side of its petrous portion to the apex of the latter. There was some comminution of the petrous along the edges of this fissure. Some of the sutures of the top of the skull seemed loosened, or at least they were more apparent than they usually are in a middle aged individual. The extensive, numerous, and very diverse fractures just enumerated, taken collectively, and independently of the various shatterings of bone, seemed to have almost effected the complete separation of the facial bones from the cranium proper, the inferior maxillary alone excepted. The latter was uninjured.

The points of interest to be noted in this case, as far as the breakage itself is concerned, are the dispersion of the effects of the mechanical violence over nearly the whole skull, the right side being nearly as extensively fractured, though not so much comminuted, as the left; the number, extent, and diversity of the individual fractures; their collective tendency to split the face from the rest of the skull, and the very remarkable amount of comminution of the hardest bone of the skull, the petrous portion of the temporal. The extent and nature of the hæmorrhage, and the other ante-mortem phenomena, also merit attention. It is somewhat remarkable that the man was not instantly killed by the fall.

## PODOPHYLLIN.

By Jos. Adolphus, M.D.,
Of Hastings, Mich.

In therapeutics as in all other departments of rational science, men's minds are fashioned in conformity to the evidence in the case; but occasionally a little prejudice intervenes and accomplishes an incalculable amount of error and confusion. Podophyllin and calomel have their advocates, their champions, who are too often afflicted with a serious monomania, that prevents them from being good and correct philosophers.

Podophyllin is an agent of vast therapeutic value, as those who have studied its modus operandi carefully, are well aware. That it is potent for evil, I am also well persuaded. It is not my intention to compare podophyllin and the mercurials, nor do I design to advocate it as a great therapeutic panacea, but merely to give my experience after using it for these many years.

I have no hesitation in calling it one of the most valuable remedial agents with which I am acquainted. Alone I have found it, in small doses of one-tenth, one-sixth, and one-quarter of a grain, a valuable agent in nearly all forms of intestinal diseases. In most cases of constipation from glandular inactivity of the bowels, I esteem it much. When long continued in one-tenth grain doses, three times a day, it has seldom failed to bring about a cure. Podophyllin is a blood medicine. It is absorbed and really accomplishes what is claimed for it, by its operation on the glandular system.

As a cathartic when administered alone, I have no great preference for it in large doses. It is evident that its acrid irritant qualities in such doses are quite objectionable. It may appear rather singular, that a one-fourth grain dose of podophyllin with one grain of leptandrin, is a more efficient cathartic than two grains of podophyllin administered alone, but such is the fact.

An excellent cathartic pill is made as follows: ℞. Podophyllin, gr. one-fifth, leptandrin, gr. j., pulv. ipecac, gr. j., ext. hyos., gr. j. These pills I have used ten years, and am thoroughly pleased with their action, never causing griping, tenesmus or tormina. I have used them in dysentery, in the forming stages of fever, for habitual costiveness, for attacks of jaundice, torpidity of the biliary apparatus, etc., with good results. Ipecac. controls the irritant qualities of podophyllin, and makes its operation more mild and pleasant. Podophyllin, in union with quinine and ipecac., makes a very pleasant and effectual cholagogue antiperiodic. ℞. Podophyllin, gr. one-sixth, quinine, gr. j, ipecac., gr. j. Ft. pil., with gum-water. The podophyllin may be decreased to one-tenth or one-twentieth of a grain, if the pills are to be long continued. The operation of podophyllin on the chylohepatic system is undoubted.

In all cases of functional disturbance of this system, I have gained the best results from it. No combination appears to work so well in my hands as podophyllin, hydrastine and leptandrin. Then, ℞. Podophyllin, ℈i., *hydrastine*, ʒij., leptandrin, ʒj., ext. nuc. vom. alcoholicum, ℈j., mucilage of g. a., q. s. Ft. pil. 110, one pill for a dose. To the gum mucilage a little glycerine should be added, this prevents the pills becoming hard. This formula I have used for many years, and have recommended it to other practitioners, who accord to it all I claim. I suggest that this formula be adopted in the next edition of the U. S. P. As a tonic it has high claims. It is a favorite remedy of mine in all cases, when digestion is poor from fulness of the portal and renal vessels, when the mucous membrane of the stomach and intestines secrete largely thick tenacious mucus, and when the peristaltic powers of the intestines are at fault from hepatic causes or otherwise. In all cases, or nearly all, of glandular enlargement, induced by any of the deranging influences caused by congestion. In hepatitis, after the active stages have passed, and during the progress and the cure of all our paludal forms of fevers, the above pills are an excellent remedy.

But it is as an alterative that I wish to speak of podophyllin. Though for this purpose, I prefer the crude root, the podophyllin peltatum. In all cases of constitutional diseases where an alterative is required, this agent can be used with no small benefit. I cannot refrain from observing here, that so far as the subject is concerned, I must endorse all that Dr. Squibb has said concerning the cinchona, and extend the same observations to the crude roots and barks, from which all the alkaloids, resins and neutrals are prepared.

Podophyllin and golden-seal are my favorite alteratives. I generally prefer them made by displacement with hot water. My formula is made from the finely powdered roots. Thus:

℞. Podophyllin, pulv. ʒj., hydrastis canad. pulv. ʒiiss., each is mixed up into a stiff paste with cold water, and allowed to stand six hours. Then ʒxx. of boiling water are added, and the whole well mixed and kept at a temperature near boiling for six hours; then put into a displacer and add boiling water till ʒxx. have run off. This process is slow, because the fine powder allows percolation to proceed slowly. Though I have hastened it by mixing a large quantity, four times the bulk of coarse sand with the powdered roots, which facilitates percolation. To the percolated fluid I add ʒxx. of sugar, and ʒiij. sat. tr. of cimicifuga racem.; of this I order from one to two tablespoonfuls, three or four times a day. This formula is one of the most active and satisfactory alteratives I know of. I fancy it to be a true tissue changer. I have seen the worst cases of skin diseases, secondary or tertiary syphilis, glandular enlargements, chronic ophthalmia, dyspepsia, etc., yield to it, that have resisted other treatment. Cod oil seems to act more speedily with it. Digestion is greatly promoted, the skin acquires its natural hue and feel, and the secretions soon are restored.

Now I must remark here, that I am not a medicine hobbyist nor a drug lover, but there are certain combinations that seem to do immense good in chronic diseases, to which we become partial, in consequence of having received most excellent results from their use. It is in *chronic* diseases that drugs do so much good. But here also we have given too much medicine, and have overdone the whole matter.

Podophyllin is a *tonic* in small doses. No tonic can operate without affecting the nutritive fluids. Quinine enters the blood, and there has been found a substance in that fluid analogous to quinia. I believe all tonics act by imparting to the nutritive fluids something specific, and thereby increasing their molecular life-forces. But podophyllin has, in common with other drugs, been given in too large doses, and made to pass off by the bowels. I know that neither podophyllin nor quinine, given alone, has the same therapeutic effect as when combined. I know that the combination accomplishes far greater good results than either. I often unite morphia with them, and then have the therapeu-

tic operation of the three in a most marked manner. Those who have not used podophyllin with iron, will be surprised when becoming acquainted with the operation of the combination. The former, by its influence over the portal circulation, and its power as a cholitic remedy, readily allows the free absorption of the iron to occur. My usual formula is, ℞. Podophyllin, gr. x., ferri redact., ℈iij., syrup. acaciæ, q. s. Ft. pil. lx. When I desire to add quinine, I generally add gr. ij. to each pill.

Podophyllin and digitalis mutually increase their therapeutic power. I have seen the whole list of diuretics exhausted on a patient in vain, until the one-tenth of a grain of podophyllin was administered a few times. This law is one common to all cholitic drugs, but I am inclined to believe that podophyllin comes under it to a greater extent, while it is free from the evil tendencies of the others of this class.

The power of podophyllin to hasten absorption is illustrated in the following case. A man, addicted to strong drink, had a severe attack of diarrhœa, which was likely to terminate fatally. At the same time he had general anasarca. The treatment adopted by his physician failed to cure the diarrhœa or remove the effusion. I advised podophyllin in one-twentieth-grain doses, rubbed up with sugar. Soon after, his case began to mend, and both symptoms yielded.

Delicate females, who are readily prostrated by cathartics in general, can take the podophyllin and quinine pill to good advantage, even immediately after parturition, or while suffering from lowering diseases. Ipecac. should always be combined with it when we wish to guard against its irritant qualities. Hyoscyamus and ipecac. appear to protect against this, and make it altogether a desirable remedy in all cases.

In Bright's disease of the kidney, podophyllin, ipecac., iron, and quinine, have relieved the serous effusion, increased the quantity of urine, and caused a more perfect elimination of urea. In three cases of this kind, I kept the patients under this formula for seventeen weeks, while they took the cod oil. They were benefited so greatly, that the remedy became their standard medicine. The albumen gradually decreased to a certain point, from which there were occasional fluctuations. Of course, I look to the whole combination as being instrumental in bringing about these pleasing results, while I am confident that no one of the remedies alone would have done so much good.

It may not appear to others that podophyllin is a valuable remedy in infantile diseases, especially where an alterative is needed. Indeed, I am strongly inclined to the belief that it does, in a remarkable manner, facilitate the action of other alteratives. This seems to be in consequence of its power to facilitate absorption through the portal system, by removing obstructions. But a more extensive view may be taken of its action, from the fact that iron, quinine, and other tonics have their therapeutic value much increased when combined with podophyllin. I have seen children of a scrofulous taint languish under cod oil, glycerine, iron, quinine, etc., until one-twentieth to one-fortieth of a grain of podophyllin was administered two or three times a day; then the good effects of the other medicines would begin to manifest themselves. In other diseases it is of inestimable value. Some are of the opinion that it acts upon the cutaneous surface. Of this I am not prepared to say. I think, however, if the profession would turn more attention to this article, it will be found to be an agent of more varied value than at present reported. The host of liver complaints our people suffer from, are most readily relieved and cured by it in small and repeated doses, especially when combined with ipecac. and leptandrin, guarded by hyoscyamus. When a mild alterative influence is needed in conjunction with tonics, use the podophyllin, stick to it, and you will seldom be disappointed.

The formula is as follows: ℞. Quin. sulph., ℥ss., podophyllin, gr. iv., ferri redacti, gr. xxiv., ipecac., ℈j., liquorice root, pulv., ℥iiss. Triturate well for ten minutes, and make into twenty-four powders; one three or four times a day.

This prescription was also taken by a woman, who had a tumor in the region of the ovaries, which had been gradually growing for three years. For six months she took the remedy, and now is free from all indications of any tumor.

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—— Dr. Vanzetti of Padua adds to the already brilliant list of successes in the treatment of surgical aneurism by digital pressure, four remarkable observations. 1. A traumatic aneurism of the palmar arch, of a month and a half duration, cured by digital compression of the brachial artery in thirty minutes, by Dr. Vecelli, at the Hospital of Treviso. 2. An aneurism of the femoral artery, immediately above Hunter's canal, cured in less than ten hours by digital compression of the trunk, by Dr. Vigna, at the Hospital at Venice. 3. An arterio-venous aneurism at the bend of the elbow, treated by induced digital compression of the brachial artery, and direct of the basilic vein, cured on the sixtieth day, under the care of M. Franzolini, at the Hospital of Sacelli.—*Brit. Med. Jour.*

# Hospital Reports.

Jefferson Medical College,
*October 30th*, 1867.

## Surgical Clinic of Prof. Gross.

Reported by Dr. Napheys.

### Excision of Inferior Dental Nerve for Neuralgia.

A. B., æt. 64. This man was operated on nearly five months ago, (vide vol., xvij. p. 99) on account of neuralgia, from which he had suffered violently for three years. Four holes were bored into the lower jaw by means of the trephine, and about two and a quarter inches of the inferior dental nerve removed, with the effect of giving him prompt relief. He had some pain afterwards, but it was not comparable in severity to that which he had previous to the operation; in a short time it subsided, and he has been entirely free from pain to the present day.

### Stone in the Bladder.

Robert K., æt. 9. He has had some urinary difficulty ever since he was three or four years of age. During the last four weeks it has been increased. There is frequent micturation and also involuntary passage of water. His tongue is clean; appetite good; sleeps well.

The sound was introduced, and a calculus readily detected. The operation of lithotomy will be performed at the next clinic, probably. In the meantime, the boy will be placed on the use of bicarbonate of soda, fifteen grain, ter die, in four tablespoonfuls of water to diminish the irritability of the bladder.

### Cystic Tumor of the Breast.

Mrs. W., æt. 48. This patient has a tumor of considerable size in the right breast, of four years duration. The nipple is almost effaced, not retracted. At the most prominent portion of the swelling, there is a point of fluctuation. No discoloration of the skin exists, nor any enlargement of the lymphatic ganglions.

The pain is not severe, it does not interfere with her sleep. The breast is very flabby and not adherent.

This is not a case of scirrhus, many of the characteristic features of that affection being wanting. There is no retraction of the nipple; none of that sharp lancinating pain which attends hard cancer; no adhesion to the subjacent structures, which, if it were carcinomatous, ought to exist after four years duration. If the disease were cancer, it ought to be more widely and uniformly diffused and harder, and there would probably be by this time involvement of the lymphatic ganglions and constitutitional implication. It is a cystic tumor, a very rare form of disease. The exploring needle was introduced and a fluid of yellow character found.

The woman was placed under the influence of chloroform and the entire glandular tissue removed. A portion of the mammary tissue is entirely sound, and the operation might have been limited to the diseased structure, allowing the rest of the breast to remain, but of what benefit would it have been to do so? The part left might become the seat of future disease. It is the custom of Professor Gross, whether the disease be cystic or malignant, not to leave one particle of the gland substance behind after the operation.

Cystic tumor of the breast is very uncommon in this country; it was described by Sir Astley Cooper as occurring among the women of London and England generally. There is nothing malignant about it. This woman will therefore be entirely free from any liability to a return of the disease. The wound was closed by interrupted suture placed at intervals of about three-quarters of an inch, with adhesive strips between. Then, by means of compress, confined by a roller passed around the chest, the deep surfaces of the wound were brought in apposition with each other, to promote union by the first intention. If suppuration should take place, a counter opening will be made, so as to give vent to the matter as fast as it is formed. If it is allowed to accumulate it becomes a source of irritation leading to erysipelas or pyemia.

### Verrucous Growth on the Neck.

This young man has a congenital warty excrescence on the left side of the neck. It is elevated at least one-third of an inch from the skin, has a rough dirty looking surface, and an offensive odor. There is no pain in the part unless it has been rubbed.

Such a tumor as this should be excised at an early period, for if it be irritated, as it may be from a great variety of circumstances, it may ultimately become the seat of carcinomatous disease, epithelioma.

The tumor was removed with the knife. The parts were very vascular and several vessels were tied. The edges of the wound were brought together with the twisted suture. The only thing to be feared after such an operation is erysipelas, which may seize upon the wound in the course of the next thirty-six or forty-eight hours, and cause a great deal of trouble.

### Operation for Bony Anchylosis of Knee-Joint.

Wm. K., æt. 12. The left leg of this boy is firmly flexed at just about a right angle. There are an immense number of scars on both sides of the joint, the inner and outer hamstring muscles are very much contracted. The patella is firmly attached. There is not the least motion in the articulation, not a particle of the joint retains its integrity, there is permanent bony union between the surfaces. It is not possible by any mode of treatment to break up the bony adhesions, resort must therefore be had to some other means of affording relief, by placing the limb in a favorable position for usefulness.

In 1826, Dr. John Rhea Barton devised an operation for the relief of a sailor whose thigh stood at a right angle with the axis of the pelvis. He made a dissection down to the bone, sawed off a wedge shaped portion, placed the limb in Desault's apparatus, as modified by Physic, and succeeded in making an excellent cure.

In 1838, Professor Gibson of the University of Pennsylvania, had a case of anchylosis of the knee-joint, in which the leg stood at a right

angle with the thigh. In that case he cut out a V shaped portion in front of the thigh bone, extending nearly as far back as the posterior surface, and then by flexing the limb, fractured the bone which had been left intact by the instrument. The limb was then brought into nearly a straight line and a cure effected.

In 1859, Professor Pancoast had at the clinic of this college a case of similar character, in which he perforated with a gimlet, subcutaneously, through a single opening, the inferior extremity of the femur at half a dozen points. Having in this way weakened the bone, he was able to forcibly break it and bring the limb out to a proper angle for future usefulness. An abscess formed during the progress of the after-treatment, but, with this exception, no untoward symptom occurred, and the young man left the hospital with a good limb.

The late Dr. Brainard, in 1860, performed an operation for bony anchylosis of the knee-joint, in which he divided the condyles of the thigh bone with a peculiar perforator, and succeeded in this way in straightening the limb, effecting a good cure.

In three similar instances of bony anchylosis of the knee, two of which occurred at this clinic, one a number of years ago, the other last winter, in a young man, Joseph Z., æt. 22, (vol. xvj. p. 307), the third in a young lady last June, a year ago, professor Gross succeeded in effecting admirable cures by working his way between the condyles of the femur, and the head of the tibia, subcutaneously, through a small opening on one side in the depression or fossa between the head of the tibia and the condyle of the thigh bone. By means of perforators and other instruments, separation was effected so as to permit of the leg being brought down to a proper angle. In all these cases no serious symptoms ensued: in the first two, none at all; in that of Joseph Z., (vol. xvj. p. 307) there was some little trouble, but not much. The young man had received a gun-shot injury, and his health was not very good at the time of the operation, causing a protracted cure.

When the joint is obliterated, when bony union has taken place, it is perfectly tolerant of interference. Such a rude procedure as the one described, would, if the union were not osseous, probably produce fatal consequences. In the case of this patient, the synovial membrane and cartilage are both destroyed, and the joint has become a continuity of bone. If a portion of the articulation retained its motion, interference in this way would not be proper. In ordinary cases where the adhesion is the result of deposits of plastic matter, or of fibrous or fibro-cartilaginous degeneration of this substance, the parts can be brought into proper position by means of forcible extension.

The boy was placed under the influence of chloroform. A small opening, about one-half an inch in length, was made on the outer side of the joint, over the depression which serves as a line of demarkation between the head of the tibia and the condyle of the femur, through which a perforator was introduced. By means of this instrument, the adhesions between the tibia and the condyles of the thigh bone, and between the patella and the thigh bone and the tibia, were broken up, and then by forcible extension the parts were liberated, the ham-string muscles having been divided subcutaneously. But very little blood was lost. One twisted suture was introduced, taking a firm hold, and adhesive strips applied, and then a piece of potent lint saturated with collodion, thus hermetically closing the parts. The limb was placed in an easy position over a slightly inclined plane. The case will be treated upon ordinary principles, endeavoring to prevent suppuration. One-half a grain of morphine will be administered so soon as he recovers from the influence of chloroform.

# Medical Societies.

## MEDICAL SOCIETY OF SUMTER COUNTY, ALABAMA.

Editors Medical and Surgical Reporter:

You were pleased to copy from our village "*Journal*," the proceedings, of the Sumter County Medical Society, held in June last. They were not prepared for publication in a Medical Journal; and hence gave a very imperfect idea of the proceedings of the meeting. Below I have prepared an abstract of the action of a meeting held to-day, which if found of sufficient interest for the pages of the Reporter, is at your service. Respectfully,

R. D. Webb, *Secretary.*

*Livingston, Ala., Nov.* 4, 1867.

The Sumter County Medical Society, met at Livingston, Nov. 4th, according to adjournment. President, Dr. A. H. Smith, in the chair. Members present—Drs. Godfrey, Hennegan, J. A. Smith, Kinnard, Allison, Mayers, and Webb.

### Bromide of Potassium.

In answer to inquiries of Dr. Sholl, at the last meeting, several of the members stated their experience in the use of bromide of potassium as a sedative. They generally agreed that it had a calming effect, allaying restlessness, and procuring sleep in patients who were wakeful. Dr. A. H. Smith, who labors under nervous disorder and wakefulness, from the effects of an attack of sunstroke, several years ago, experienced its calming and soporific effects in his own case; and stated that it also produced a decided salivation, increasing the secretion of the salivary glands to such an extent as to render it disagreeable, and moisten his pillow while he was asleep. Its effects in two cases of epilepsy, were thought by Drs. Smith, Kinnard and Webb to be injurious.

The discoloration of the mouth and fauces spoken of, at the last meeting, as diagnostic in typhoid fever, by Dr. Sholl, had been observed by Dr. Webb in two cases, but was absent in two others. The spots did not make their appearance early in the disease, and he looked upon them much in the same light as the rose-colored spots

of the skin, being rather confirmations of, than aids to, a diagnosis. At any rate, they were not pathognomonic, as suggested by Dr. Sholl.

### Fever with Hæmaturia.

Dr. Hennegan reported a case of fever attended by a copious discharge of blood with the urine, vomiting of clots of blood from the stomach, accompanied by dark grumous matter, and remarkably dark, or black discharges from the bowels. Before death, which occurred in about ten days, the skin presented a jaundiced condition. Dr. J. A. Smith, had seen several cases of fever of a rather mild grade, two of them tertian fevers, with bloody urine, and believed there was an unusual tendency to such hæmorrhages this summer. He had not generally found them fatal. Dr. A. H. Smith had also seen several cases, one of which proved fatal. At Warsaw, in the upper part of the county, such cases had been very frequent, and proved quite fatal. From the jaundiced condition of the skin, and the vomiting of dark grumous matter, suspicions of yellow fever had been aroused in the neighborhood. They were, however, regarded by Dr. Sholl as pernicious fever, with congestion of the liver and kidneys. In this connection I will give an extract from an essay read at the last meeting by Dr. M. C. Kinnard, on "Some of the grave forms of Malarious Fever." "I will speak," says he, "in the first place of that form which is characterized by *hæmaturia* and *jaundice*, and which is speedily fatal if not promptly treated. The patient after having had 'chills' for some time, and neglected to use proper means of care, is suddenly attacked with a chill, and becomes very much prostrated in a few hours. Hemorrhage from the urinary organs alarms the friends, and a physician is summond, and finds the patient passing from a gill to a pint of bloody urine every thirty minutes—very restless, great nausea, with vomiting of a dark grumous matter—pulse feeble and frequent, and skin rather cool. In ten or twelve hours, sometimes less, the skin and conjunction begin to assume a jaundiced appearance, and in a very short time (only an hour or two) the whole surface becomes of a deep yellow tint. The nausea and vomiting are increased, and unless proper remedies are used the patient soon dies.

"What are the causes of this state of things? Not having made a post-mortem in any of the cases, I can only offer the following conjecture as to the pathology. The blood is in an impoverished condition from the repeated attacks of intermittent fever. There is a deficiency of the red corpuscle and fibrine, and probably also, an increase of the white corpuscles. There is torpidity of the emunctories, especially of the liver, and hence the jaundice. The abdominal organs, the liver, spleen, kidneys and stomach, become engorged or congested, and thus, filled with this *blood of low vitality*, passive hemorrhage occurs from the kidneys, stomach, and probably also from the bladder. Hence the discharge of bloody urine, and vomiting of dark grumous matter, resembling 'black-vomit.' The treatment which I have found most successful, is, from half a grain to a grain of calomel every hour or two, followed by ol. ricini., in ten or twelve hours. In the mean time the patient should be supported by stimulants of wine and brandy, and placed speedily under the influence of quinine, and kept so for several days. Drastic purgatives, or large doses of calomel should be avoided."

Since writing the above, I have conversed with Dr. McPherson of Belmont, a village in the lower part of the county, who told me that five or six cases of a similar character had occurred in the last two weeks in his neighborhood. Four of them proved speedily fatal. The symptoms were those detailed above—chills, followed by fever, of rather low grade, vomiting dark grumous matter, hemorrhage from the kidneys, or bladder, restlessness, feeble, quick pulse, prostration and death in 36 or 48 hours.

Dr. Allison also detailed a case to me occurring in his practice. "The patient, a little girl ten years old, was attacked with chills in the morning. Saw her in the evening; fever slight; pulse nearly natural in force and frequency; skin rather cool. Presented the appearance of a patient just passing from the effects of a chill and fever. Was about leaving under the impression that there was but little the matter, only an ordinary chill common in this county. My attention was then called to a discharge of urine in the chamber, which I found to be loaded with blood. This from former experience excited my fears, and after remaining some time with patient, I left, requesting to be sent for if symptoms became alarming. About 12 at night I was sent for, and on arrival found the patient very restless, tossing about in the bed, which soon extended to violent delirium—requiring force to keep her in the bed—pulse frequent and feeble; skin cool and quite yellow; and vomiting a dark matter exactly resembling *black vomit*. I was shown a large chamber full of bloody urine which she had passed in my absence, and was told that some had been thrown out. She died before morning."

Such cases have been occasionally met with here for a number of years, but have never before been so frequent. Can it be, that the yellow fever, which has prevailed so extensively in the gulf coast south of us, has extended its influence to this county (130 miles north of Mobile) and impressed some of its features upon our endemic malarious fevers?

### Amputation of Leg.

Dr. Webb reported the following case of amputation of the leg below the knee, with remarks upon "*Sympathy*, and *Symmetrical Sympathetic Inflammation*."

"On Thursday, 10th of October, assisted by Drs. Kinnard and Houston, I amputated the right leg of a negro woman between sixty-five and seventy years old. The amputation was performed at the urgent request of the patient, to relieve the pain and annoyance of a severely ulcerated leg; the ulcer extending from near the ankle to within six inches of the knee. The condition of the parts rendered it impracticable to procure a sufficient flap by the ordinary flap operation, and as the skin was in better condition in the posterior, than the anterior aspect of

the leg, I determined to modify the circular operation so as to procure the greater part of the integumental covering from the posterior part of the leg. I accordingly used a modification of the circular, or rather a combination of the circular and flap operation.

"I made an incision through the skin and cellular tissue, from a point a little anterior to the centre of the leg on the external lateral aspect, extending across the front in a downward curve to a corresponding point in the internal lateral aspect, much in the same manner as in flap operation, except that the curve did not extend so far down the leg, leaving the flap more obtuse than usual in such operations. This incision was connected by a posterior one of similar character, giving it a little longer downward curve. The skin and adipose tissue were then dissected up, both in front and behind, to the lateral points of commencement and the muscles and bone divided at this point as in the circular operation. This left a very nice flap of skin and adipose tissue to cover the end of the bone; and procured a smaller amount of wounded surface left for healing, than if the muscles had been included in the flap, had this been practicable. I was enabled also by this means to procure the larger part of the skin flap from the posterior of the leg, where the skin was sounder than in front. The hemorrhage was controlled during the operation by pressing upon the femoral where it passes over the pubic arch, and thus the venous hemorrhage, common in the use of the tourniquet, was avoided. The patient lost not more than a gill of blood in all.

"On the Monday following, Dr. Kinnard dressed the wound and found it in good condition, a part of the wound, at the outer angles, healed by first intention. The rest of it presenting a healthy appearance. General condition of patient good.

"Six days after the operation, I dressed the wound and found it in good condition; granulations in the centre of wound healthy, and healing going on satisfactorily. The discharge of pus was rather scant. The patient complained of but little pain, but had considerable fever, which had appeared suddenly in the morning. This I attributed to an attack of intermittent fever from which she had recently suffered several times, and directed quinine. Nine days after the operation, Dr. Kinnard saw her again, and reported her still with fever; the wound gaping in the centre, (during this time I had been sick, and patient was trusted to the nurse); suppuration scant, and rather too thin, and rather dark in color; patient considerably debilitated. She now complained of pain in the left knee, which was found to be *unnaturally hot, swollen, and painful to the touch.* Of the amputated leg she complained but little. Dr. R., directed nutritious diet, and ale or porter. On the 12th day, Dr. K., found her general condition bad, patient growing more feeble. The swelling in the left knee increased, and the patient complained of severe pain in it. The wound seemed to be doing well, except a small sloughing of the skin on the edge of the posterior flap. She had no pain in this knee. She continued to grow more feeble until the 14th day after the operation, when she died. She complained the last two days severely of the left knee, and it had every appearance of a badly inflamed knee. Dr. Kinnard thought suppuration would have occurred in it had she lived a few days longer. After death the knee lost its swollen condition, and seemed natural in appearance. The feature in this case to which I wish to direct the attention of the society, is the *sympathetic inflammation* of the left knee."

There are many instances of sympathetic influence familiar to us all, such as yawning, or gaping, when we see another person yawn or gape, and fainting from the sight of blood, or on witnessing a severe operation. We also recognize pain in certain parts, as a sign of primary injury or disease in another part. For instance, pain in the end of the penis from stone in the bladder, under the scapula in disease of the liver, or in the knee in disease of the hip-joint. These and many other similar ones we recognize as *sympathetic;* and we often console our patients, and at the same time cover up our own ignorance of the real cause of pain or trouble, by throwing it upon the little-understood "scape goat" of sympathy. Although we acknowledge these as instances of sympathy, we are at a loss to account for their *modus operandi.* Anatomy, as a general rule, reveals no more direct connection between those parts where the most noted examples of sympathy are found, than between these and other parts. But although we have as yet not discovered this connection, it evidently exists.

Todd and Bowman, in their Physiological Anatomy of Man, divide these sympathetic influences into three classes: "(1st), sympathies between different individuals; (2), those which affect the mind, and through it the body; (3d), those which are strictly organic, and therefore physical." (P. 342.)

The first class includes those mysterious influences of mind over mind, which are very little understood, and are generally spoken of as "animal magnetism." They are altogether different from the other two classes, and cannot with propriety be placed with them. That such influences do exist cannot be doubted, but their *modus operandi* is yet a mystery, though evidently different from the other two classes.

The second class includes those affections of the body in which "an affection of the mind is a necessary link" in the process. For instance, the sensation produced upon the mind by certain odors in increasing the secretion of the salivary glands, or of disgusting sights in producing syncope. Here it may be, that the odor revives recollections of savory meats or delicious fruits, and the result is the same action in the salivary glands, aroused by the associations of memory, as that of these articles, when brought in contact with the gustatory nerves.

The third class, the physical, includes such cases as pain in the uterus, from application of the child to the breast,—pain and inflammation of the conjunctiva, from over stimulus of the retina, by excess of light, and inflammations, such as the one under consideration.

These are accounted for by Todd and Bowman,

upon the "known laws of sensitive and motor nerves." Say they, "it is known that stimulation of a sensitive nerve at its origin, or in any part of its course, will give rise to a sensation which will be referred to the peripheral extremity of the stimulated fibres. It is known, also, that a sentient nerve may excite a motor or sensitive nerve, which *is implanted near to it* in the nervous centre—doubtless through the change which it produces in that centre; nor can it be doubted that a sensitive nerve may receive such a powerful stimulus as to exalt the polar force of a large portion of the nervous centre *in the neighborhood* of its insertion, and thus to excite a similar change in all the nerves, whether motor or sensitive, which are connected with it." Thus we see that a change in the *nerve centre*, is a link in all these sympathetic affections, and it is to these central connections that we must look for an explanation of those sympathetic actions, which, at first view, might seem to hold no anatomical relation with each other. When, too, we remember, in connection with these physiological facts, the now admitted further fact, that the nervous system exerts a decided influence over secretion and nutrition, we may readily see how an action at the periphery of one nerve, may, through its central connections, be transferred to another point, and there interfere with secretion, or the nutritive process, so as to increase or diminish the former, or by perversion of the latter, cause a "so-called" sympathetic inflammation.

The instance already referred to, of light upon the retina producing pain, and inflammation of the conjunctiva, well illustrates these principles.

In this manner we may very well account for those irregular sympathetic actions already mentioned, where we may suppose the secondary action is the result of an impression reflected from one nerve to another, "which is implanted *near it* in the nervous centre;" but it does not account for those actions where they are on opposite sides of the body—as in the case before us. Here, you observe, we have not only a sympathetic action, but it is *symmetrical*, that is, that the same part in the half of the body opposite to the *primary* action, is the seat of the *secondary* action. Here it is the left knee, the right knee being the seat of primary action. These symmetrical morbid actions Dr PAGET attempts very ingeniously to account for by what we call *elective vital affinity* between the blood and the different tissues. Each particular tissue and spot upon the body, according to him, being different from all others, and the corresponding ones on the opposite halves of the body being exactly alike, these corresponding parts have definite affinities for peculiar ingredients of the blood, and thus the corresponding parts of each side select similar materials from the blood, and are rendered symmetrical in their nutrition, whether the process be healthy or morbid action. He thus attributes these *symmetrical sympathetic* diseases to a certain chemical constitution of the blood, and a definite affinity between it and the tissues of corresponding parts, creating what he terms "islands exactly corresponding upon opposite sides of the body." (PAGET's Surgical Pathology, pp. 27—30.) This theory, though plausible, is not altogether satisfactory. It is too much refined, and not enough in accordance with ascertained facts.

It would be more in accordance with the admitted action of the *nervous system* upon secretion and nutrition, to attribute to nervous influence this *elective* locality to symmetrical morbid action. We know that the brain is a double organ, each hemisphere presiding over its appropriate half of the body—and we know also, that these hemispheres are closely *connected* by *commisural* fibres, so that the two act together, though either is capable of separate action. Hence it is that the double senses, sight, hearing, and smelling, ordinarily produce but a single sensation, the two impressions from the separate organs being coördinated through the commissural fibres between the nerve-centres. And hence, observation has taught us, when one eye is inflamed, to also protect the other from light, to prevent the injurious action arising from the transfer of the impression in one hemisphere of the brain to that of the other, and its reflex action on the inflamed eye.

The explanation which seems to me most nearly to accord with ascertained facts and laws, is this. One knee being inflamed, an impression is made upon its hemisphere of the brain, and through the commissural fibres, is transmitted to the corresponding centre in the opposite hemisphere, and from it an influence is sent through its nerve-fibres to a corresponding locality in the other knee; where, through the admitted influence of nerve force, an altered condition of nutrition is brought about, which results in pain, redness, swelling, and inflammation. The same explanation applies to all symmetrical morbid actions. The *elective* influence being through the action of corresponding nerves on the opposite sides of the body, and not through the elective affinity between the particular parts and certain elements of the blood.

The "plasturgic force" of the nervous system is admitted, and we only have to admit the transference of the impression on one hemisphere of the brain to the other, to account for all these simultaneous symmetrical affections, and also for *secondary* action on the side of the body opposite to that of the primary action.

The Society then adjourned, to meet again on the first Tuesday of February, 1868.

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—— M. SAPPEY has read to the Academy of Sciences a paper on the unstriped muscles, which are connected with the apparatus of vision. The most important of these muscles, which he calls the oculo-palpebral, had hitherto been considered as of aponeurotic or tendinous nature. Some described it as an offshoot of the levator palpebræ; others as a prolongation of the orbitar aponeurosis. M. SAPPEY has recognised in it the existence of unstriped fibres, directed from above downwards, and grouped in fasciculi which divide and send to each other reciprocally fasciculi by which they are united.

## NEW YORK PATHOLOGICAL SOCIETY.

*Regular meeting, November 13th*, 1867.

Dr. Henry B. Sands *in the chair.*

Condensed from Phonographic Notes, for the Medical and Surgical Reporter.

### Removal of Stone by Dilatation of the Urethra. Inflammation of the Bladder.

Dr. Hamilton presented the external organs of generation, with bladder and kidneys attached, of a mulatto woman, aged 39, upon whom he had recently operated. The patient first began to pass calculi some four years ago. His attention was first directed to her on the 1st of September, 1867, when she came under his care in the Charity Hospital. On making an examination, after having elicited the foregoing facts, a calculus was discovered in the bladder. As the bladder was very irritable, the examination was not protracted, a fact which has since been regretted. On farther questioning the patient, it was ascertained that she had passed a calculus within the last two years, since which time she has always suffered from more or less pain in the bladder.

On the 5th of September, the Doctor proceeded to operate as follows: The patient being placed in the proper position, a Weiss' dilator was introduced into the urethra, and the parts gradually stretched about one inch. This part of the operation occupied about five minutes. This was followed by a rectal bougie's gradual introduction, until the opening was large enough to admit the finger. The forceps were then introduced. The stone was now found to be quite soft, easily breaking into fragments upon slight pressure, showing that a successful result, so far as the removal of the stone was concerned, could have been secured by lithotrity. Very little blood was lost during the operation. The next morning the patient was very little better. She still complained of pain in the bladder; but what is a little remarkable, she had perfect control over the sphincter, being able to hold her water even longer than before the operation. The painful symptoms continued, without much abatement, for two weeks, when she died from dysentery. There was little or no change in the character of the cystitis during this time. Injections of nitrate of silver, ten grains to the ounce, with one grain of morphine, were thrown into the bladder with a negative effect; they neither increased nor alleviated the pain. The specimen shows the ureter considerably dilated, and the bladder lined with layers of false membrane. When the bladder was first removed, these layers were found covered with phosphatic deposit. The urethra is still very dilatable, notwithstanding the fact that the patient was able to hold her water during life. The Doctor said he had made no further dissection of the specimen. He thought it might be interesting to examine the urethra, to see if anything more than the mucous membrane had been destroyed. This is the Doctor's first operation by dilatation. In view of the fact that Dr. Hammond overcomes cystitis by incisions into the bladder, he is hardly prepared to say, whether, in this case, it would not have been better to operate by the latter method.

Dr. Van Buren asked if the specimen had been examined with a view of ascertaining whether there was pyelitis. The fact that the operation was followed by no relief suggests the probability of pyelitis.

Dr. Sands related a case in which he had removed a stone from a pregnant woman. She had had symptoms of stone for several months, and was suffering from severe cystitis, attended with purulent discharge. The question was, whether to remove the stone before confinement, and run the risk of miscarriage, or operate after delivery. The former method was adopted, and the stone removed by an incision in the bladder. The stone was somewhat over an inch in diameter. The coats of the bladder were somewhat altered by the inflammatory process. The wound was sewed up, and by the eighth day, everything had healed by the first intention. The removal of the stone put an end to the cystitis. He was, therefore, inclined to think, that in Dr. Hamilton's case, the stone formed only a part of the disease.

### Adhesion of the Appendix Vermiformis to the Right Kidney.

Dr. White presented the cœcum, with appendix vermiformis attached, and the right kidney of a little child, aged five years. The child has been sick more or less since 1864. Dr. White occupied much time in giving a very detailed history of the child's ailments for the last three years—as we are unable to see what special relation they had to the pathological result, we omit them. At the post mortem examination, the thoracic organs were found healthy. The abdominal cavity contained considerable sero-purulent fluid, and injection of the peritoneum. Near the appendix, the peritoneum was perforated by two openings, and the appendix itself had contracted adhesions with the right kidney. Dr. White considered the points of interest to be, the question whether this difficulty might not have originated in 1864, and the adhesions of the appendix to the kidneys. He had never seen a similar case.

### Death of Fœtus at Fifth Month Followed by Labor at Full Term.

Dr. Markoe exhibited a fœtus with the following history. This little individual was taken from a lady about two weeks ago. She supposed that she had conceived some time in January. Everything went on very favorably until the latter part of May. At this time she felt motion distinctly, and considered herself well in every respect. At this period, as as she was returning from a social gathering, she was thrown somewhat gently from the carriage, and considerably alarmed. On reaching home, she observed that at the very moment of the accident, all the symptoms which had been going on so favorably, had suddenly ceased—in short, every evidence that the child was dead. I told her, when called, that such was the case, and that the ovum would be cast off, venturing the opinion that she would carry it to full term, and, fortunately for my

credit, it turned out to be the case. On the 1st of October, she was taken with severe pains, and the ovum was cast off entire. Unfortunately, the gentleman attending her, not appreciating the interest of the case, opened the ovum, and this portion was forwarded to me. The woman recovered without trouble.

The fœtus is seen to be perfectly formed, being only shrivelled and blighted. The question of interest is, what shall be our prognosis in these cases?

Drs. Post and Sayre related similar cases.

Dr. Jacobi considered such cases quite exceptional. A dead fœtus is not usually carried for so long a time.

Dr. Rogers inquired what had led Dr. Markoe to form such an opinion. Dr. Markoe replied, that it was a mere venture, a hap-hazard, rather than a scientific opinion.

### Urethral Calculi.

Dr. Culter presented a urethral calculus removed by perineal section from a gentleman seventy-three years of age.

Dr. Markoe related a similar case occurring in a child brought to his clinique. Neither case presented any special points of interest.

Dr. Culter then proceeded to make interesting exploratory investigations in his vest-pockets, and the inguinal pouches of his unmentionables, and succeeded in finding—nothing! From his subsequent remarks we infer that he was in search of an apocryphal bullet which was supposed to have gone through some individual's stomach about five years ago. Dr. Hamilton very properly suggested that the result, resting upon such uncertain evidence, should not be put upon record. He did not doubt that recoveries might take place after wounds of the stomach, but thought that in the present instance, evidence of such recovery was quite deficient. A discussion followed, in which Drs. Howard and Hewitt alluded to cases in which recovery took place after probable wounding of the stomach. In no case was there any escape of the contents of the stomach by the external wound. The only diagnostic symptoms were the situation of the wound and the vomiting of blood.

### Specimens Illustrating Post-mortem Digestion.

Dr. J. Lewis Smith in presenting these specimens, alluded to an opinion expresssed at a former meeting with regard to gangrene of the lungs in infants (see Report of Pathological Society in Reporter for October 19th.) At that time he advanced the idea that this change in the lung was true gangrene, resulting from a generally exhausted condition of the patient, and hypostatic congestion. He had been led to suppose that the change was due to gangrene, because he could attribute it to no other cause. Since that time, it had been suggested to him that the change referred to might arise from post-mortem digestion, due to the escape of the gastric juice from the stomach upwards into the œsophagus, and from thence downwards through the larynx into the lungs. In all these cases the children were in an exhausted condition from diarrhœa, and no other lesion was found, except this dark diffluent condition of the lung. There were no signs of pneumonia, nor was there any fetor of the breath. In regard to this latter point, Rilliet and Barthez* state that in sixteen cases of gangrene of the lung examined by them, there was fetor of the breath in only five cases, and there was *marked fetor* in only three cases.

In order to ascertain whether the opinion suggested was correct, he had placed the contents of two stomachs in the pleuritic cavity, and made incisions into the lungs, in order to allow of the ready penetration of the gastric juice. The result was entirely negative. The lungs were examined at the end twelve and twenty-four hours, and only a slight yellowish discoloration found. There was no evidence of disintegration or softening. Although the results were negative, it does not prove the contrary, for we know that the gastric juice does produce destruction of the tissues. In one instance he had observed the stomach entirely severed from the œsophagus from this cause. When the autopsy was made in that case the stomach was found to be very much softened, and of a gelatinous appearance, and the lungs lying over the region of the stomach had also changed in appearance. The liver lying over the stomach presents also a leaden hue. These changes are not due to the direct escape of the gastric juice, but evidently from transudation of the fluids of the stomach to the subjacent parts. The œsophagus was the seat of superficial ulceration of the mucous membrane, and in one portion its coats are seen to be considerably softened, and the external part of the same leaden hue. Dr. Smith is now inclined to believe that the cases before presented as gangrene, were due to some post-mortem change. Another strong reason for this belief is the fact that Rilliet and Barthez in their extensive experience never met with a case of gangrene under under two and a half years; it is, therefore, highly improbable that he should meet with ten cases of that age in the course of eight years.

Dr. Hamilton could not see how gangrene of the lungs could exist without fetor. If the fetor was absent, he should be inclined to think that the gangrene was absent.

Dr. Jacobi could imagine that a very small portion of the lung might be gangrenous, so as not to communicate with an open bronchus, but he had never met with such a case.

Dr. Janeway mentioned a case of gangrene connected with abscess of the lung, in which there was no fetor.

Dr. Squibb thought that although there might be a difference in the odor in various cases, yet in each case there must be *some* odor perceptible, as the gases given off by decomposition are never entirely without odor.

Dr. Jacobi, referring to the theory of post-mortem digestion, said that we ought to do away with the idea that the gastric juice can rise from the stomach, pass up the œsophagus, and then down through the larynx into the lungs. He did not believe that we should explain the ap-

* Traite clinique et pratique des maladies des enfants par M.M. E. Barthez et F. Rilliet.

pearances referred to by digestion at all. These changes must not be taken for destruction of the tissues by the action of the gastric juice. He did not believe that the so-called *gastric malacia* had any existence, but that the lesion was due to putrefactive changes and nothing else, and is always a post-mortem appearance.

Dr. Smith thought that the gastric juice might take this circuitous route from the stomach to the lungs in cases where children were *carried* some distance after death.

A gentleman, whose name we could not learn, presented a specimen of *renal disease* for a candidate, with a written history. The manuscript was read so rapidly and indistinctly, that we were unable to get the precise relation between the history of the case and the pathologic results.

Dr. Finnell presented a doubtful tumor taken from the iliac region of a boy eight years of age, previously healthy. The boy died four months after the appearance of the tumor.

### Carcinoma of the Testicle.

Dr. Hewitt presented a testicle removed from a healthy man aged 46, by occupation a farmer and fisherman. The interesting feature was whether the disease was really hard cancer.

### Extrophy of the Bladder in a Female.

Dr. Shrady presented a specimen for a candidate, taken from a female child, three months of age, which died of chronic diarrhœa. The prominences of the ureters upon the surface of the mucous membrane, could be easily distinguished. The left kidney was attached, and its communication with the everted bladder demonstrated. The history of the case bore no special relation to the specimen. It states, however, one point of considerable interest. The urine flowing from the ureters was tested immediately after birth, and found to be faintly acid.

The Society went into executive session.

The name Bozeman should be substituted for that of "Gossman" in the last report. It was also stated that Dr. Bozeman applied his ligature *precisely* in the same manner as Dr. Howard did in his third experiment. This is not strictly correct. In the case of Dr. Bozeman the idea was to avoid cutting the internal and middle coats, and not to *diminish* the current of blood without wholly stopping it. M.

## OPENING MEETING OF THE NEW YORK MEDICAL JOURNAL ASSOCIATION.

The first re-union of this Association for 1867-68, took place on Friday evening, November 8th. The attendance was fully equal to the most sanguine expectations of the friends of this meritorious institution, both with regard to numbers and esprit de corps. At nine o'clock, Dr. Gurdon Buck took the chair, and delivered a short address, congratulating the members upon the favorable auspices under which the society again gathered together, for the winter's work of mutual instruction. Dr. A. C. Post followed with a few remarks, in which he compared the great advantages for medical instruction at the present time, with the meagre aids possessed by the profession in his earlier days, and briefly alluded to the prominent medical improvements of the age.

Dr. Noyes then made a proposition, that the society should take steps to secure the portraits of eminent medical men, both of this country and Europe, for the adornment of the walls of the institution.

Dr. Post suggested, that as the portraits would rapidly accumulate, a photographic album might be more convenient for inspection and reference. A committee consisting of Drs. Noyes, Banks and Noegerrath, was appointed to take charge of the matter. The society then adjourned to spend a few minutes in pleasant social intercourse. We may remark in passing, that the *social* feature which characterizes the gatherings of this institution in no way interferes with its *scientific value and efficiency*. It holds a happy medium between the dry-as-dust ponderous deliberations of the bellicose academy, and those convivial gatherings which result in nothing intellectual but a headache the next morning. The younger members of the profession are here brought in contact with the oldest and most skilful practitioners of the city, without that restraint which is so frequently embarrassing to both parties in a word, they are made to feel at *home*.

Full reports of future meetings will be given.

At each subsequent Re-union a brief resumé of the current literature of special subjects will be read by members previously appointed. Other matters of interest will be brought forward at each meeting.

The following resumés will be made in November; with additional papers and subjects:

*Nov.* 15.—Dr. J. C. Peters, Resumé on cholera.

Dr. S. H. Hewitt, Treatment of Fracture of the Thigh by a New Splint.

*Nov.* 22—Dr. Burrell, Resumé on New Anæsthetics.

Dr. Whitehead, on Alcoholic Stimulants Preventive of Fatal Anæsthesia from Chloroform.

*Nov.* 29.—Dr. Yale, Resumé on Fevers.

This Association offers important advantages to those desiring to keep familiar with current medical literature.

Its members are regularly supplied with the principal medical periodicals of the United States and Europe, and with the most valuable monographs. M.

### A Curious Plant.

The Reese Biver *Reveille* describes a singular plant lately found growing in the hot water or Hot Creek district. It is a delicate, vine-like plant, almost as fine as hair, holding myriads of tiny leaves, nearly imperceptible, and of bright emerald green. It thrives only in water so hot that the hand cannot be borne in it. Many efforts were made, in spite of scalded hands, to gather and preserve specimens, but it was so tiny and delicate, that it was found to be impossible.

—— Professor Crocq of Brussels especially recommends the iodide of potassium in the first periods of congestional exudation in albuminous nephritis.

# Editorial Department.

## Periscope.

### Treatment of Chorea by the Sulphate of Zinc.

Dr. E. S. Dunster gives the following note in the *Medical Gazette:*

The publication, by Dr. Hammond, of two cases of chorea successfully treated by the sulphate of manganese, induces me to present the following cases, in which a cure was effected by another mineral tonic, viz., the sulphate of zinc. In all of these cases, no medication whatsoever, beyond the zinc, was employed; there was, therefore, no perturbating element to be allowed for in estimating the efficacy of the remedy. The hygienic treatment of the patients, however, was most rigidly enforced, and it is to this element in the treatment that I desire to call especial attention, for my belief is that almost any analeptic medication will suffice to cure this troublesome affection, provided the strength and vigor of the system be maintained by proper hygienic and nutrient means. Indeed, very many cases, left to themselves, will recover without medication, if the patient be put through a course of nourishing food, well-regulated exercise, careful cleanliness, abundance of fresh air, frequent change of surroundings, proper moral influences, etc.; or in other words, if due attention be paid to the rational and hygienic treatment. The very success of so many different remedies which have been so largely extolled by various authors, substantiates this view; for in general it may be assumed that where, in the treatment of any given disease, a large number of remedies is found to be successful, there is an intrinsic tendency in that disease to recovery. I do not therefore claim for the zinc any special advantage over the other remedies which have been used as specifics in this disease, and would especially caution against too great a reliance upon such. The rational treatment of each case should be a study in itself, and should never be overlooked.

One or two points in the three cases are worthy of notice.

1st. No amendment was observed until the dose of the sulphate had reached some eight or ten grains; but it must be borne in mind that a certain length of time is necessary for the effects of the rational treatment to be noticeable, the question therefore naturally arises, to which element in the treatment was the success due. My own opinion (as may be inferred from the above remarks) is, that the two mutually aid and accelerate each other, and that either part of the treatment, by itself, would not prove as speedily or thoroughly successful as when the two are combined.

2d. The connection of chorea with rheumatism, as first pointed out by Dr. Copeland, and subsequently confirmed by the observations of Bright, Begbie, M. See, and others, is seen in two of these cases.

3d. In two of the four cases the choreic movements were unilateral; one of the right, and the other of the left side. A large series of cases would not probably show so great a proportion of unilateral cases. The weight of testimony to be gathered from the books being, that while in the earlier stages the movements are more marked on one side than the other, subsequently the whole body is apt to become affected.

Lastly, there is to be observed the readiness with which the stomach accustoms itself to large and emetic doses of the zinc.

Daniel Sheehan, æt. 11 years, came under my observation December 28, 1866. There was no positive history of any previous acute disease, but the boy had suffered during the winter and spring preceding, from some of the symptoms of rheumatism. The irregular muscular movements came on very gradually, and were exclusively confined to the right side. They had existed in such a degree as to attract the attention of the parents only for four months past. The movements were not unusually violent; and the case did not appear to be a formidable one, as the lad was as well developed as could be expected in the condition of life to which he was subject. The bowels were not constipated, but somewhat irregular; appetite fair but variable; heart beating heavily, and somewhat tumultuously; apex displaced to the left, and the breadth of the organ increased one-half or three-quarters of an inch; sounds normal, except that the first was very much subdued; the movements cease during sleep.

The most explicit instructions were given as to the care of the patient, the regulation of his diet, exercise and habits, in a word, his whole plan of life; and I have reason to believe they were carried out as completely as could be under the circumstances. The sulphate of zinc was administered internally, commencing with one grain three times daily. This was increased gradually until the dose had reached ten grains, when decided amendment took place. The dose was once more increased to twelve grains, three times daily, at which point it was continued for a week, and the medication was then gradually but rapidly diminished. February 15th, although the patient was still under treatment, there was no indication of the disease, and on the 25th he was discharged. The heart's condition remained unchanged.

Albert Smith, New York, æt. five years, was first seen by me February 1st. He had then well-marked general chorea. No antecedent disease. The patient is a bright-eyed, intelligent, well-nourished lad. The functions of the bowels, skin, and kidneys, are well performed. No indication of any cardiac disease, either functional or organic. The parents were inclined to think that much of his disability was due to habit. And my observations subsequently led me to the same opinion, as the lad could easily control the movements by an effort of the will. The movements were wholly confined to the muscles of the arms and face; the eyes especially taking on a singularly mischievous appearance, from the peculiar twinkling motion of the lids.

General treatment as in case 1. The zinc was also administered internally, viz., Feb. 4th, two grains; 6th, three grains; 8th, four grains; 10th,

six grains; 15th, eight grains, per dose. At this time there was marked improvement, and in the course of the following week, no movements were perceptible which the child could not readily control. The medication was then stopped abruptly, but the disease returned, and during March the whole plan of treatment had to be again gone over. The amount of zinc was now pushed to twelve grains, three times daily (March 20th to 25th), and withdrawn gradually. April 4th, the amount was four grains in each dose. April 10th, medication discontinued, and patient discharged, cured.

Eliza Kinney, N. Y., æt. nine years, was brought to me Feb. 5th, 1867, suffering from general chorea, of a very aggravated character. The case was acute, being of only two weeks' duration, and had followed an attack of inflammatory rheumatism. The movements were violent and very irregular; indeed, so excessive were they that the little patient could neither walk or talk. The arms were thrown about in the wildest confusion; nothing could be held in the hand; the legs were flexed, extended or crossed in the most absurdly erratic manner; the tongue would be protruded and suddenly withdrawn; the jaws would open and close with a vicious snap, and even the large muscles of the trunk participated in the movements. Distinct articulation was imposssible, and only liquid food could be swallowed, and the patient, from loss of sleep and want of proper food, was rapidly losing strength. Altogether the case was the most violent one I have ever witnessed. Auscultation of the heart was unsatisfactory, as the excessive contortive movements interfered with the proper examination in this way.

The same general plan of treatment was adopted as in the previous cases, and the directions as to the care of the patient were necessarily explicit on account of the gravity of the case, and yet from its rapid development it was fair to infer that so soon as an impression was made on the disease it would yield quite rapidly. And such proved to be the fact. The sulphate was carried only to six grains per dose in about 14 days, when there was a manifest amelioration of the symptoms. The amount was increased then to eight grains per dose, at which point it was continued until the 25th of March, and then rapidly withdrawn, as the patient was entirely free from every evidence of the disease. I saw this patient again in October; there had been no return of the difficulty, and the patient was hardly recognizable, so great had been the change in her appearance and condition. She had regained her flesh, and strength, and color; articulation was perfect, and all her functions were naturally performed.

Emma Witmeier, N. Y., æt. nine years, was brought to the hospital Dec. 2d. She had chorea confined to the left side, and not extreme in its character. One year previously she had typhus fever, and during convalescence from this there was a slight attack of chorea, which yielded readily to treatment, the nature of which was unknown to the mother. Three months previously the mother reports that she had pneumonia, though from an examination of the symptoms from which she suffered at that time, I am disposed to question the correctness of this statement. Immediately following this illness the chorea manifested itself. The appetite was variable; digestion fairly well performed; bowels very irregular, but not much constipated.

The treatment was commenced as in the other cases, but after a few days the patient discontinued her visits. The result, therefore, cannot be given. The case is reported here merely to show its unilateral character, and its connection with previous acute disease.

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### Climate and Diseases of Central Texas.

The following remarks on the Climate and Diseases of Central Texas, are by Robt. H. Chinn, M.D., Caney, Matagorda Co., Texas, in the *New Orleans Med. and Surg. Journal:*

The Colorado and Brazos Rivers arise in the plateau that separates the plains of Texas from the valley of the Mississippi River. They run nearly parallel to each other, their bottom lands being separated by a large prairie; and when within fifty miles of their mouth they approach each other, and their bottoms commingling by a connection with the bottoms of several anomalous streams running between them. Commencing at the east, we have Oyster Creek, the former bed of the Brazos, emptying into the Galveston Bay by an artificial canal; the Brazos emptying into the Gulf; the San Bernard, which drains the prairie that separates the two rivers and empties into the Gulf; Cedar Lakes, which form a considerable stream, after heavy rains, of some twenty miles in length, that empties into the Gulf; Caney Brake, the former bed of the Colorado, which empties into Matagorda Bay. The forest formed by these connected bottoms is forty miles wide and fifty miles long, frequently interspersed by isolated prairies, with a soil of unsurpassed fertility. It has for its principal growths the live oak and several other species of oak, the pecan, elm, ash, box-elder, hackberry, etc., and its undergrowth often forms a jungle so thick that it is impossible to ride through, and very difficult to walk through. Large canebrakes are found besides in Oyster and Caney Creeks. The soil is about eighteen feet in depth, and lies on a bed of white sand intimately mixed with water (quicksand), about five feet in depth, connected by a bed of coarse gravel, with a foundation of whitish clay. The rivers present the same muddy appearance as the Mississippi, with the same caving of the banks, and the same deposits, but having decennial, (as in 1823, '33, '43, '53 and '63,) instead of annual rises.

The temperature is affected by the winds, rarely exceeding 80° F. in summer, and 20° F. in winter. Our south wind is the most grateful and healthy, being a sea breeze from the Gulf. It generally commences at nine o'clock, A. M., passing over the prairies until it meets the mountain breezes. Coming directly from the Gulf, and cooled and moistened by evaporation, it is always pleasant. The eastern winds, generally mild but always humid, are the certain forerunners of rain and storms. We require more ac-

curacy in our examination of the phenomena of our northern winds. They precede, accompany or succeed storms and rains, or come and remain perfectly dry. Often after a calm, with only a few minutes' notice, they may in a couple of hours cause the thermometer to fall from 90° to 40°, or even lower, and blow a severe gale, the only cold weather we have, which will last from thirty-six hours to several days, and then quietly pass off, and leave the air so chilled as to cause frost. Our western winds are usually hot, humid or dry, and the forerunner of calms and storms.

The decennial overflows mark the change of the seasons into decades of wet and dry years, which pass almost imperceptily into each other. The periods from 1834 to '44, and from '54 to '64 were dry, and the alternated periods from 1844 to '54, and from 1864 up to the present date are rainy. These observations were made by old settlers, and as I removed to this delta in 1848, I can confirm them from that year. During the rainy years the natural drains overflow, and wash into the rivers, gulf and bay, a great deal of sediment and *dèbris*. The principal drains are generally wide, shallow sloughs, or reservoirs with sluggish currents, into which the various flats and lagoons deposit their waters. They all run parallel with the larger streams, with which they communicate with bayous. In the summer, evaporation occurs rapidly; the earth's surface quickly dries when exposed to the rays of a hot sun, but the humid atmosphere is soon removed by the currents of air. In the alternate dry decades the rains are rare, and the earth's surface opens in cracks, which grow in depth and size until they reach the substrata of quicksand, and an evaporation occurs from the action of the hot air on the moisture of the quicksand. This moistens the earth, and amply supports vegetation, as our cotton and corn crops are the heaviest during the dry seasons, especially when planted on a soil which has the greatest number of crevices. We have no accurate knowledges of our dews.

The characteristic symtoms of malarial diseases of the two periods are very well marked, and are certainly influenced by the concomitant causes of miasm; as during the dry decades heat is in excess and moisture deficient, while the opposite prevails during the wet decades. I have observed since 1848 one entire dry decade, and parts of two wet decades, from which I have collected the following diversity in the derangements of the various organs:

| WET DECADES. | DRY DECADES. |
|---|---|
| Skin—perspiration free. | Skin—perspiration deficient. |
| Nervous system slightly disturbed. | Nervous system greatly deranged. |
| Digestive organs greatly deranged. | Digestive organs slightly affected. |
| Secretory organs greatly deranged. | Secretory organs deranged, but amenable to the action of medicine. |
| Typhous state soon supervening. | |

"If the atmosphere be hot and dry, and also be in motion, both exhalation and evaparation go on with great rapidity. * * * * On the other hand, in a hot atmosphere saturated with moisture, exhalation continues; the evaporation is almost entirely checked, and the fluid poured out by the exhalent glands accumulates on the skin." (CARPENTER, *Prin. of Phys.*, Chap. x., p. 241.)

During the dry period, from 1854 to '64, my *confrères* and myself were often consulted about lunatics, and called upon by our municipal Courts to diagnose cases of reputed lunacy. These were cases taken from every grade of life, without any apparent general predisposing or existing cause. My note books during that period are filled with accounts of malarial diseases, complicated with some anomalous nervous symptom, and recount some few cases of the supervention of apoplexy, epilepsy, catalepsy, chorea and tetanus, on the ordinary remittent and intermittent fevers of the country. During this period there was no very great derangement of the liver, kidneys or spleen. A single mercurial, an antiperiodic, and a free use of anodynes and antispasmodics, were required. During the rainy years, (from 1848 to '54, and from 1864 up to the present,) I have been compelled to use mercurials freely, and at once "touch the gums;" together with a very free exhibition of quinine, as those malarial attacks, contrary to their usual way, may at any time become pernicious.

This forest lies at the junction of Brazoria, Matagorda, Wharton, and Fort Bend countries; consequently no census reports can apply accurately to divisions of counties or districts, as they include each county or district as a unity. Therefore for vital statistics I am left to my own resources, which cannot be accurate, as I have not pursued the matter for pleasure or profit; but my long residence and large acquaintance are a sufficient guarantee that they are not very deficient. It contains about one thousand voters, and five inhabitants to each would give it five thousand inhabitants. There are thirty between seventy and one hundred years; seventy-five between sixty and seventy years; seven hundred and fifty betweeu forty and fifty years, and the rest between twenty and forty years. These can only be proximate results. In *personnel* at least one hundred and fifty would weigh over two hundred pounds, and the same number could be found whose height was above six feet, all being generally above the average. On the gulf and bay shores, there are generally about two deaths out of one hundred inhabitants annually; but the mortality is much greater as you pass into the interior, being at the upper boundary of the forest, between the two rivers, four and a half to six in the one hundred *per annum*. The richness of its soil and geniality of the climate, attracted the first settlers of the colony; and the land has ever since been owned by them and their descendants, with but few rare exceptions, and held at a high paice. It has therefore received but few emigrants, still this immigration never materially increased the mortality. The diseases are generally miasmatic, mild and peculiarly amenable to the action of medicine, and the pernicious and congestive types are rarely seen. Organic diseases of the liver, spleen, pancreas and kidneys are rare, except when the subjects of them are dissipated. The epidemics of

the exanthematous fevers, pertussis and bronchitis are as usual in other localities. I have seen but very few uncomplicated cases of pneumonia, but more where inflammation of the lungs formed a prominent symptom in other diseases. Chronic and acute diseases of the digestive organs are common, and we have had the usual epidemics of dysentery. In 1833, the Asiatic cholera ravaged the village of Brazoria, and afterwards made its appearance once on a plantation, but did not spread. In 1862, Matagorda village was scouraged by yellow fever, but entirely from local causes.

### Extra-Uterine Gestation.

The following extraordinary case of extra-uterine gestation is reported by Dr. J. K. Levan, of Leesport, Pa., in the *Transactions of the Pennsylvania Medical Society:*

"In the winter of 1861, Dr. Levan was summoned to see Mrs. B., aged about fifty years, who gave him the following statement: She enjoyed excellent health until one year after her marriage, when she began to be afflicted with a severe pain in the lower region of the abdomen. The abdomen becoming enlarged, and at length reaching an alarming size, medical advice was sought. The physicians pronounced it ascites, and treated it as such, until finally the abdomen opened spontaneously about an inch below the umbilicus and a trifle to the right of the linea alba, and discharged about a gallon of a yellowish, pus-like fluid. After this the wound closed somewhat, remaining, however, a running sore for upwards of thirty years, she in the mean time enjoying tolerably good health, and becoming the mother of eight children. The first of these was born four years after the profuse discharge of pus. A few years after the birth of her last child the sore became more angry and painful, the vital powers seemed fast declining, and, says the Doctor, 'the case at that time might have been most truly called a critical one.' With the above account of the patient more at length before him, the Doctor, after a thorough examination, felt convinced that she had originally had an extra-uterine pregnancy, and he informed her to that effect. He then gave her tonics, a nutritious diet, and an antiphlogistic external treatment, under which she gained strength, and the sore became less irritable. Upon probing it, he found that he was striking upon something resembling loose bones, and he determined upon an extension of the wound by an incision, a Cæsarean section. Cutting down in a longitudinal direction through skin, superficial fascia, and rectus muscle, so as to make the whole opening two inches in length, the Doctor had the satisfaction of removing some twenty-five bones, most of them at the first sitting, the others some days afterward. The long bones, he says, were easily extracted; with the broad ones he had some trouble, the aperture being small, and considerable hemorrhage attended the operation. The bones were much wasted, but you could easily see, he says, that they were those of a fœtus. In conclusion he says: 'The former treatment was continued until she was well, and the wound had healed perfectly. I saw her in January, 1867, when she was enjoying excellent health.'"

### Hare-Lip.

Dr. Hammer, of St. Louis, in the *Humboldt Medical Archives*, gives the following description of the operation he employs to correct this deformity:

During a quarter of a century, I have had frequent occasion to operate for hare-lip, in all its various forms, single, double, and complicated; and I freely confess, that for twenty years I was never satisfied with the results obtained, though mine were, on the average, not worse than those of other surgeons. I was frequently amused by looking at plates where cases of hare-lip were pictured, before and after operation, showing beautiful and perfect results, whereas a comparison between the copy and the original would not have given a very flattering impression as to the ability or truthfulness of the artist.

The unsatisfactory results obtained in my own former practice, and present practice of other surgeons, did not, and do not depend so much upon individual skill, as upon the intrinsic difficulties inherent to the nature of the lesion itself, and the deficiencies of the means employed to correct the deformity. The main points to which the frequent failures in double hare-lip with fissure of palate must be attributed, are: the rarity of union by first intention in the soft parts, or union of one part, with non-union or connection by ligamentous mass of the remainder; the infrequency of firm union of the intermaxillary bones with the lateral alveolar arches, and the resulting unevenness, by lack of proper adaptation with regard to the convexity of the entire superior alveolar arch; the frequent mutilation of the nares, either by closing them up, or leaving them widely separated, the flat nose in the superlative.

Nearly all the difficulties with which the surgeon has to contend, can be overcome by following the method of operating which I have adopted.

The operative procedure consists of two steps. First, to bring the maldirected intermaxillary bones into proper position, and to make them fit exactly the opening left in the middle of the alveolar arch. This I accomplish by excising a triangular piece of the septum of the nose, of such an angle as to correspond to the angle made by the projecting intermaxillary bones with the arch. After it has gently been moved downward and backward, the surgeon can judge how much or how little is to be cut off on one side or both, that the gap may be exactly closed. I give preference to this method of changing direction over all others.

Second. To separate, as may be required, the middle lobe from the intermaxillary bones, then to freshen its edges, as well as the margins of the lateral parts of the lips, resorting, if necessary, to auxiliary incisions in various directions, according to the peculiarities of the shortening in the soft parts, accompanied by free and extensive incisions over the underlying bone, so as to allow

of great mobility of the lip. This being done, and the hemorrhage arrested, I apply a sustaining suture, which is, in fact, a quill-wire suture, at a proper distance from the edges, to be united. Two pieces of common smooth lead-pencil, from one and a half inch to one and three-fourths of an inch in length, and a strong needle armed with a double wire, of a size larger than is ordinarily employed in the usual wire suture, are all that will be required. The needle is passed through the entire thickness of the upper lip on a transverse line, striking the point of union between the septum and intermaxillary bones. The needle is made to transfix the integument from without inward on one side, at a point half an inch posterior or outward from the nostril, and through a corresponding point, but from within outward, on the opposite side, and now the two pieces of pencil, one on either side of the face externally, are fastened by the double wire. Another similar suture is applied in the same manner, and attached to the same pieces of pencil, about half an inch below the first, more near or remote, according to the length of the intermaxillary bones, over which, that is to say, in front of which, both wires must pass. By this means we accomplish a complete relaxation of the soft parts, all tension of the muscles being overcome, the corresponding portions of the cut edges can now be readily approximated, to do which I employ the common wire suture—the wire being very small—finding it less irritating than silk. Thus the operation is completed, no dressing being required, except the occasional application of a little glycerine, by means of a camel's hair pencil, upon the united wounds. The wire sutures should be removed at the end of three days, union by first intention having then taken place, while the sustaining suture may be allowed to remain to the sixth, seventh, eighth, or ninth day. The wires of the latter, in course of time, cut somewhat the soft parts, producing four small, transverse, slightly suppurating wounds, which, however, heal without leaving any marked scar behind.

The advantages of the above plan of procedure are so obvious, that I need scarcely refer to them, but in brief, they are the following:

First. The intermaxillary bones are kept in close contact with the parts with which it is desirable they should unite, by the wires of the sustaining suture.

Second. All strain on the lips being removed, the soft parts must unite by first intention, it cannot be otherwise, provided all chemical or mechanical irritants are wiped from the wounds, which can so readily be done by a hair pencil.

Third. The degree of relaxation necesssary to properly control and modify the future shape of the nares, is entirely at the control of the surgeon.

Fourth. The absence of all dressing which would interfere with free respiration, and thereby endanger life.

Fifth. The operation is completed at one session, and, comparatively speaking, a very brief space of time is required for complete and permanent union.

Sixth. The surgeon is relieved from an immense deal of trouble and constant attention, which is so necessary when other operative plans of treatment are adopted.

Seventh. The results are admirable, thereby not saying too much.



# Reviews and Book Notices.

## NOTES ON BOOKS.

Of late French publications we note one by Dr. J. J. GUIPON, "De la Maladie Charbonneuse de l'Homme;" a Report on the Progress of Anthropology, by M. DE QUATREFAGES, published by the French Government in connection with the Exhibition; and, what must be of uncommon interest to the medical historian, a "Historical Description of Surgical Instruments found at Herculaneum and Pompeii."

In England, several valuable works have been added to the list. They are, PATTERSON'S "Egypt as a Resort for Invalids;" PEMBERTON'S "Clinical Illustrations of Cancer," (imperial quarto, $8.00;) PIRRIE on Hay Asthma; POWER'S Illustrations of Diseases of the Eye; and WILLIS' Sudoriparous and Lymphatic Systems.

The profession has, in a general way, heard of *the odic force*, an imponderable akin in nature to the electric force, developed by nervous action. Its discoverer, BARON VON REICHENBACH, of Vienna, has generally been classed with such erratic geniuses as SWEDENBORG and SPURZHEIM, and his discovery has never attracted serious attention. He is still living, and has recently published a little book, setting forth the further discovery of an odic flame. The tract is entitled, *Die Odische Lohe*, and is printed at Vienna.

The following criticism on a critic, is from the *Nation*, and refers to the work of Dr. GEO. ROSS, entitled, "Studies, Biographical and Literary." Dr. Ross ventures to give "a physician's analysis of the king's madness, which he contrasts with the feigned madness of Edgar. The point he makes is, that Lear, like a real madman, is insensible of the rain and sleet, while Edgar, the sham madman, would have betrayed his imposture to a physician by the very phrase which he is constantly repeating as a proof of his lunacy, 'Poor Tom's a-cold.' Thereupon he praises SHAKESPEARE'S knowledge of mental alienation. But the judgment seems to come rather from the doctor as critic, than the critic as doctor. We do not know how it is with the lunatics of the asylums; we are, for the present, willing to take as correct, Dr. Ross's assertion that true madmen disregard the discomforts of wind, or rain, or cold. But SHAKESPEARE does not insist upon

that distinction, be it accurate or inaccurate, between the madness of Lear and the madness of Edgar, and we much doubt if, in his own mind, he made it. Edgar says, now and again, 'Poor Tom 's a-cold,' seeming, as we look at it, to think the use of a catchword—no matter what one—good presumptive proof of silliness in the man who uses it. But Dr. Ross will find Lear 'contending with the fretful element;' bidding 'the wind blow the earth into the sea, or blow the curlèd waters 'bove the main;' striving 'in his little world of man, to outscorn the to-and-fro conflicting wind and rain.' This is not the behavior of one who 'feels nothing' of foul weather. If one says that Lear merely perceived the fury of the elements, and sympathized with the commotion in the air and in the sea, while Edgar, on the other hand, only feigned physical suffering—why, one may say so—if one might not say anything, what might become of Shakespearian criticism?—but to prove that Shakespeare meant so, to prove that, in the storm, Edgar was, and Lear was not uncomfortable, is not possible, and to say so is, as it seems to us, to talk like a doctor enthusiastic in his admiration for the poet, rather than to talk like a Shakespearian critic of great acumen."

Dr. Ross is not the first medical man who has foundered in the attempt to sound Shakespeare's delineations of mental pathology.

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**Report of the Proceedings of the Association of** Medical Superintendents of American Institutions for the Insane. Harrisburg: 1867. Paper, pp. 132.

This volume contains the discussions at the last meeting, held at Philadelphia last May. We noticed at the time some of the principal topics that came up for discussion; all of much interest to those connected with the management of insane hospitals.

The discussions were taken down by a phonographic reporter, and are printed in full.

The next meeting will be held at Boston, on the first Tuesday of next June.

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**A Treatise on Abuses of the Sexual Function.** By E. P. Miller, M.D. 1 vol., 8vo. N. Y. 1867.

Carlyle says the curiosity of the English public about foreign characters is like that which one cur manifests on meeting another. It seems entirely satisfied by nosing the most obscene parts only of the stranger. Such it appears to us is the desire for medical knowledge which the American public expresses. Certainly for its gratification there are more works written for popular distribution on the sexual organs than on all other branches of medicine combined. We marvel therefore at the hardihood of the present writer to commence his preface with this sentence:

"This little book is born of the idea that mankind are (?) suffering for want of the knowledge it is designed to give."

His knowledge of popular medical literature cannot be very extensive. Let him pick up any country paper, and he will find half a dozen thrust upon the public, from "Is it I?" down, far down, to "The Pocket Æsculapius." All of them are probably written, as Dr. Miller's is—to increase their author's business. His is nearly as good as any; better than most. He paints in awful colors the consequences of self-abuse, quotes liberally Henry Ward Beecher and the Bible, overflows with pious unction, and recommends as the last hope of the unfortunate, "The Hygienic Institute and Turkish Baths," in New York city, to which Institute he is Physician.

He gives extracts from letters in which his patients tell him his medicines "*act like a charm*," (the italics are his own); in which he is called "their last resort;" and in which another says, "I am as fully persuaded of the correctness of the hygienic theory and practice, as I am of the redemption of man through Christ."

This is enough, without further comment, to display the drift of the volume, which, in our opinion, is one of those a gentleman's library *can* do without.

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**Treatment of Anchylosis of the Hip-joint.**

The following bold treatment of anchylosis is given by Mr. Hunt, in the *Brit. Med. Jour.*

A fine young woman, of highly strumous habit, came under my care with psoas abscess on both sides, which terminated on each side with the bursting of the abscess. Her health being well attended to, the wounds healed at length; but there was anchylosis of the left hip, the thigh being fixed at right angles with the trunk, so that she walked with her body in nearly a horizontal position at every alternate step. She had been in this condition about six weeks when she consulted me as to the possibility of restoring her limb to a flexible condition. I placed her on her back on a bed, the legs and thighs extending beyond the foot of the bed. In this position, I seized the perpendicular limb, and, with my whole strength and weight, broke through the adhesions, and brought the thigh into line with the body. On her first attempt to walk, she fell backwards; but in a few minutes recovered her balance, and, without any other remedy, could walk as well and as uprightly as at any time of her life.

Medical and Surgical Reporter.

PHILADELPHIA, NOVEMBER 23, 1867.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

## NOTICE TO SUBSCRIBERS.

From the 1st of January, 1868, we shall strictly enforce again, our old rule requiring payment in advance. For reasons given some years since, pre-payment has not been insisted upon—but the circumstances of the country are now such that we feel warranted in again requiring it.

☞ Those who have not yet paid for the current year, will please remit immediately. There are several thousand dollars due on current subscriptions, which must be paid soon to insure a continuance of the REPORTER to the delinquents. The amounts are insignificant to subscribers, but the aggregate is large enough to be embarrassing to us.

## THE LATE DR. ANDREW J. SMILEY.

This young and talented physician has passed from among us so silently and quietly that, although several weeks have elapsed since the sad event, few of his professional brethren are probably aware of the circumstance. His death was sudden and unexpected. After a slight indisposition of a few days, indicative of softening of the brain, he was seized with a violent attack of apoplexy, followed by loss of speech and paralysis of the right side of the body, which terminated his valuable life in less than forty-eight hours.

Dr. SMILEY was born in the neighborhood of Columbus, Ohio. The exact date of his birth is not known, but at the time of his death he was nearly forty years of age. After attaining his majority he matriculated at the Starling Medical College, from which he received his degree in the spring of 1853. The following winter he spent in this city in attendance upon the lectures in the University of Pennsylvania, and at the close of the session was rewarded with the honors of that Institution. He now opened an office, and entered upon the active duties of his profession, encountering the usual difficulties incident to the life of a young physician, in a strange city, without patronage or friends. He was, however, industrious and persevering, and soon succeeded in obtaining a good business, which became eventually quite extensive, if not lucrative. During the last few years of his his life few practitioners in this community were more actively engaged in the daily rounds of their duties than he. Great energy of character, a ready skill in diagnosis, and an honest, conscientious devotion to the interests of the sick, added to great courtesy and kindness of manner, were the chief attributes of his mind. He had a capacious brain, and a generous heart, which prompted him to attend alike to the poor and the rich, the former of whom seemed always to be objects of special regard with him. He was universally beloved and extremely popular with his patients, not a few of whom wept bitterly at the announcement of his death, for they felt not only that they had lost a skilful medical adviser, but a warm personal friend, ever ready to minister to their wants, and to sympathize in their affliction.

Dr. SMILEY was a great reader, often sitting up until a very late hour at night, and thus frequently depriving himself of the requisite amount of sleep and relaxation. He had gathered around him an excellent library, and was well posted in the current medical literature of the day. The consequence was that his mind was well stored with knowledge. It was the good fortune of the writer of this brief notice to meet Dr. SMILEY frequently in consultation, and he can never forget the punctuality, the courtesy, and the readiness which he evinced upon such occasions. His diagnosis was never at fault, while his practice was generally sound and discriminative. A wife and a son, eight years old, remain to lament his loss.

G.

## A COLLEGE OF SPECIALISTS.

We, and probably a large minority of the medical profession, have received a circular containing the information, that instruction in certain branches of medical knowledge is furnished by specialists in Boston this winter. The circular reads as follows:

**"Special Intruction in Medical Science.**

"In compliance with the desire of the profession, as indicated by the resolutions of the Convention of Teachers at Cincinnati in May last, unanimously endorsed by the American Medical Association at its subsequent meeting, that the standard of medical education in this country should be raised and its limits extended, the undersigned have associated themselves together for the purpose of giving instruction in their respective departments to advanced students and to physicians who may be desirous of fitting themselves for special practice.

"It is thought that this action will be appreciated by those intending to visit Europe, who can do so to better advantage after mastering the details of a special department, as well as by those who are unable to go abroad and are yet anxious to avail themselves of every opportunity of reaching the same plane with their more fortunate neighbors. There seems little reason why much the same instruction cannot be afforded at home that is now sought in Europe, and

sought to so little purpose by those unacquainted with foreign languages.

"It is thought, also, that there are many general practitioners who will be glad to refresh their memories after years of engrossing labor.

"The courses will be delivered during the winter term of the Medical College, at such hours as will not interfere with the collegiate cirriculum.

"At the summer session it is intended, with the assistance of additional instructors, to cover the whole range of legitimate specialties."

Then follows a list of instructors, with their titles and signatures attached. One is a "Pupil of Simpson, of Edinburgh;" another a "Pupil of Arlt, of Vienna;" a third a "Pupil of Langenbeck, of Berlin;" a fourth a "Pupil of Bloxam, of London;" and so on down the page:—the residences of these medical Gamaliels being carefully added, lest they should be mistaken for some American physicians of the same name, we suppose.

The cause of medical education is one in which we have as deep an interest as any one. Any movement to elevate and improve the standing of our profession always has found and always will find hearty recognition in this journal. But there is something about this movement with which we cannot fully sympathize.

In the first place the circular *conveys the impression* that an institution of this kind answers the ends of the resolutions in reference to medical education adopted by the Convention of Teachers at Cincinnati in May last, and tacitly assumes that such a College of Specialists would be unanimously approved by the American Medical Association. The latter point we seriously doubt; the former we have very good reason for believing is not the case. The Association, indeed, in its general action since its foundation, has been opposed to movements of this kind, the tendency of which is to cultivate and foster specialism. The Teachers' Convention met to concert means precisely to do away with the necessity of regularly educated physicians needing any such subsequent instruction. What is a college of specialists but a mental infirmary for neglected educations?

What we want in America is higher general education for physicians, a curriculum which itself elevates the student "to the same plane with his more fortunate neighbors." And why this parade of great European masters? Is it any particular credit to a man to have listened to Hebra or Simpson, or to have *hospitirt* in the lecture-room of Langenbeck? This is cheap distinction. If by a "Pupil" is meant a regularly articled student in the office of these great physicians, then how many of the dozen odd gentlemen whose names figure in this circular have any right to the title? How many of them have done more than pass a semestre or two, warming their feet in the wards of the hospitals of Vienna or London? Granting that they are entitled to the honor, if honor it be, of being a learner under a distinguished teacher, is it not an implied slur on the profession in America, this boast of foreign instructors? Are there no shepherds but in Arcadia? Are there not surgeons in America as skilful as Langenbeck, as sure of hand as Arlt, as graceful as Nelaton?

The talk of going to Europe to perfect oneself in medicine is chiefly cant. Certain hospital facilities are greater (and this only on the continent), the practice is generally behind hand, especially in France and Italy, and as for diagnosis, it is not a whit superior to what can be witnessed daily in New York, Philadelphia, or Boston. We speak of what we know, and testify to what we have seen.

A good, preparatory, general education; a careful training in the dissecting room, the pharmaceutical laboratory, and the hospital wards; and a searching examination at the end of the college course; these are the desiderata in the matter of medical education in this country, and not opportunities to gain a one-sided knowledge in special branches.

# Notes and Comments.

### Cold Comfort.

A correspondent, of the homœopathic persuasion, writes us as follows:

"The remarks of the editors of the *Times* and *Tribune*, with regard to the recent foolish action of the New York Academy of Medicine, were printed in one of our local papers. I mailed one hundred copies to homœopathic physicians in this and other States, requesting the republication in local papers. Another homœpathic physician mailed one hundred and fifty copies. We are aware of the aid you are rendering us in developing and strengthening public sentiment in our favor."

We are very willing that our friends of Hahnemannic tendencies should extract all the pleasure they can out of the action of the Academy. But, verily, it seems to us, that what gratification they get from it, must be in quantities as infinitesimal as their own doses!

Errata.—In Dr. Banning's article in the Reporter of Nov. 9th, page 393, second column, 13th line from top, for *partial* read "pulmonary circulation." Same column, 15th line from bottom, for *breakwater*, read "backwater

condition." Same column, 16th line from bottom, for *tuberculous those*, read "those tuberculous."

On page 394, first column, 17th line from top, for *partial*, read "pulmonary circle." Same column, 18th line from bottom, for *enumerated*, read "enunciated." Same column, 15th line from bottom, for *efforts*, read "effects." Same column, for *demonstrative*, read "undemonstrative." Same page, 2d column, 18th line, for *perdict*, read "predict."

# Correspondence.

## DOMESTIC.

EDITORS MEDICAL AND SURGICAL REPORTER:

Permit me to answer your question in the REPORTER for Nov. 2, as follows, "Is Dr. BLACK unaware that the greater the difference between the day's maximum and the night's minimum temperature, the greater is the dryness of the climate? That the atmospheric moisture is *always greater*, the *less* the diurnal thermometrical oscillations?"

I *am* unaware that what is here stated, is "*always*" so, and expect to remain in the same state so long as the figures of meteorologists and my own observations compel me to. Not to multiply words, turn we to the Results of Meteorological Observations, Smithsonian Institute Register, vol. i., 1859. Selecting at random a single station from eight States, it is easy to ascertain the mean diurnal fluctuations of temperature for, say June, July, August, September, and the mean ratio of aqueous vapor in the atmosphere, in parts of 100, this figure representing complete saturation.

| PLACE. | TEMPERATURE. Mean diurnal oscillations for 4 mos. | HUMIDITY. Mean diurnal ratio of humidity, 4 mos. |
|---|---|---|
| Burlington, Vt..... | 8.4 | 69.6 |
| Philadelphia, Pa..... | 10.7 | 66.7 |
| Larissa, Texas..... | 14.2 | 71.8 |
| Westerville, Ohio..... | 13.5 | 73.8 |
| Detroit, Mich..... | 12.5 | 62.2 |
| Augusta, Ill..... | 13.2 | 76.2 |
| Dubuque, Iowa..... | 11 5 | 60.9 |
| Columbus, Miss..... | 14.5 | 76.0 |

Furthermore, every experienced observer knows that the "difference between the day's maximum and the night's minimum temperature" is greater in a valley than on the adjacent hills in calm clear days and nights, and that the saturation of the valley atmosphere with moisture is also *greater*, not *less*, as you, Messrs. Editors, have it. Finally, I must confess my inability to understand what is meant by a negative elementary law in meteorology. But a discussion on the meteorological laws of humidity is irrelevant to the truth or falsity of the theory proposed, atmospheric moisture playing but an insignificant part, save only in extreme instances. The only real, and I claim, unfair issue is, does "some idea" *mean* "equivalent"? I, of course, say nay.

J. R. BLACK, M. D.

*Newark, Ohio.*

[Since to initiate a controversy about a question of fact is unphilosophical, it will be enough in answer to the above, to quote the following passage from the Rev. A. J. T. MORRIS' *Treatise on Meteorology*, (p. 42.)

"The dryness of a day depends on the difference between that day's maximum and the previous night's minimum temperature. If the night's minimum and the day's maximum be nearly equal, the air of the whole day will approach nearly to complete saturation. So it appears that dryness depends on cold nights being followed by warm days."

Such must be the case, of course, as might have been argued *a priori*. Whether or not it is relevant to Dr. BLACK's theory, others may judge, but it seems to us that it is.—EDS.]

### Chronic Diarrhœa.

EDITORS OF MEDICAL AND SURGICAL REPORTER:

I was much interested in the cases of chronic diarrhœa, reported by Dr. IRA CANFIELD of Lock Haven, Pennsylvania, and the comments by the editor of REPORTER.

I have a case of diarrhœa now in my practice, of four years duration. The patient is a girl of twenty years; *apparently* in good health, but has suffered from diarrhœa almost incessantly for four years. No motion of bowels during night. Somewhat similar treatment to Dr. CANFIELD's was pursued, but of no avail. I attributed the *cause* to the place of residence, but a removal of the family proved this incorrect. The diarrhœa continued as usual, after living a short time with the family, in a different section of country. The family consisted of mother, sister, and the patient in consideration. Being very desirous to see my patient cured, I took her into my own house as a boarder, and thus if possible learn the cause of her disease. I gave her no medicine, and to my surprise she reported herself well from diarrhœa after being with us three days. She remained well the whole time—being six weeks—until she again lived at home, when soon she was in statu quo.

I advised her to board with a relative who lived close by, which she did, and soon her diarrhœa ceased.

After being from home four weeks she returned, and very soon the diarrhœa also returned. She has left home a number of times since for a short time, and the result is always the same—no diar-

rhœa from home—at home diarrhœa all the time. The reader of the above will likely say error of diet is the *cause* of this diarrhœa. I think not, for special attention was given to diet at different times, but proved of no benefit. The true cause of this diarrhœa rests, we think, with the mother and sister of our patient.

A peculiar offensive effluvium arose through expiration from the lungs of both mother and sister; this being an irritating emanation, gives rise to diarrhœa in a third person, while themselves are not affected. J. K. Holloway, M. D.

*Nittany Hall, Pa., Nov. 14th, 1867.*

### A Note or two of my Experience.

Editors Med. and Surg. Reporter:

In the treatment of croup I have found corrosive sublimate dissolved in water and glycerine equal parts, so as to give the 30th of a grain to a child, two years old, with fl. ext. veratrine in the same vehicle, one drop dose, given alternately every hour, to give prompt relief. In some ten cases in which I have used it, it has succeeded admirably, some of them very severe cases.

In a recent case of asthma, after various trials of different remedies, to relieve the almost suffocation, whenever the patient attempted to lie down, I succeeded with the inhalation of the vapor of lime. A piece of lime the size of a hen's egg was put into a pitcher, and water poured upon it, and the vapor arising was inhaled, with almost immediate relief to the patient, who enjoyed a night's rest in a recumbent position, which he had not done for several nights previous. I may have mentioned to you previously that I have succeeded in relieving two cases of asthma of long standing, by the use of arsenic, the patient smoking one-quarter grain in a pipe of tobacco each dose. One of the patients, a clergyman, has been a great sufferer from the disease for twenty-five years or more. He has not had a bad attack since he commenced the use of the arsenic, now over two years. More Anon.

# News and Miscellany.

—— M. Ghermi of Milan sends to the Société de Chirurgie the note of a case of a young girl, who was born of healthy parents, with the left extremity more developed than the right. The skin presented a diffused redness, with circumscribed blue patches. The left extremity grew with astonishing rapidity. The child lived to the age of three, when on a sudden she uttered a cry, put her hand to her heart, and died suddenly.

*[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]*

## MARRIED.

Atkinson—Patterson.—In this city, Nov. 14, 1867, by the Rev. D. A. Cunningham, assisted by Rev. William Graham, William B. Atkinson, M. D., and Miss Jennie R., daughter of William F. Patterson, M. D., all of this city.

Draper—Palmer.—In New York, Nov. 11th, at the residence of the bride's father, by Rev. Dr. Hutton, Henry Draper, M. D., and Mary Anna, daughter of Courtlandt Palmer.

Ellis—Hayden.—In Cincinnati, at the residence of the bride's parents, Nov. 7th, by the Rev. J. W. Hall, D. D., Dr. A. N. Ellis and Ella, eldest daughter of Dr. J. B. Hayden, all of that city.

Gardiner—Jackson.—Nov. 12, in Christ Church, Sag Harbor, N. Y., by the Rev. C. H. Gardiner, assisted by the rector, the Rev. D. F. McDonald, D. D., J. L. Gardiner, M. D., of Bridgehampton, and Mary E. Jackson, of Southampton, Long Island.

Gulick—Hay.—Nov. 12th, in Corwin, O., by Rev. J. W. Mason, Henry Gulick, M.D., of Mt. Carmel, Pa., and Miss Lottie Hay, of the former place.

Lyon—Abeel.—In New York, Nov. 13th, at the Collegiate Church, Lafayette Place, by Rev. Dr. De Witt, Dr. Samuel K. Lyon and Miss S. Louisa Abeel, daughter of J. H. Abeel, all of that city.

Mackintosh—Fonda.—At the residence of the bride's father, A. Fonda, Esq., Nov. 13th, by the Rev. C. M. A. Hewes, Jas. H. Mackintosh, M. D., of Perrysburg, Ind., (eldest son of J. Mackintosh, P. L. Surveyor, Strabane, C. W.,) and Miss Sarah F. Fonda, of Paterson City, New Jersey.

Mudie—Little.—In Pittsburgh, Pa., Oct. 24, by Rev. S. G. Fuller, Arch, F. Mudie, M. D., of New York, and Lizzie, youngest daughter of the late James Little, of Pittsburgh.

## DIED.

Budlong.—In this city, on the 12th inst., Dr. William H. Budlong, aged 32 years.

Colton.—Nov. 12, Henrietta, wife of Dr. A. Colton, of Hudson New York.

Everett.—At Memphis, Tenn., Oct. 19th, of yellow fever, Dr. William Everett, aged 51 years.

Francis.—In this city, at the residence of his grandfather, Dr. Rene La Roche, on Tuesday, Nov. 5, Claude La Roche, only surviving child of Dr. Valentine Mott and Anna Mercer Francis, of New York, aged 8 months and 12 days.

Hooker.—In New Haven, Conn., Nov. 6th, Dr. Worthington Hooker, Professor of Obstetrics in the Medical School of Yale College.

Jessop.—At Mount Erie, Ill., Oct. 30th, Dr. Robert Jessop, formerly of Ireland, in the 67th year of his age.

Lamport.—In New York, Nov 12th, in the 21st year of his age, Dr. Lewis R. Lamport, only son of Hiram H. and Adeline R. Lamport.

Letterman.—In San Francisco, Cal., on the 30th of October, Mary D., wife of Dr. Jonathan Letterman.

Stafford.—In New York, Nov. 5th, of injuries received a year since, Dr. Jas. Romeyn Stafford, in the 60th year of his age.

Weld.—In Hartford, Conn., Nov. 12, Mrs. Mary A. Weld, wife of the late Lewis Weld, and daughter of the late Dr. M. F. Cogswell, of Hartford, Conn.

## METEOROLOGY.

| October, | 4. | 5, | 6, | 7, | 8, | 9, | 10. |
|---|---|---|---|---|---|---|---|
| Wind | W. | W. | N. | E. | S. | S. | S. W. |
| Weather | Cl'dy. Rain. | Clear. | Clear. | Cl'dy. Fog. | Clear | Cl'dy. Rain. | Cl'dy. Rain. |
| Depth Rain. | 1-10 | | | | | 7-10 | 4·10 |
| *Thermometer.* | | | | | | | |
| Minimum | 52° | 32° | 32° | 29° | 31° | 50° | 55° |
| At 8, A. M. | 59 | 43 | 48 | 35 | 38 | 57 | 62 |
| At 12, M. | 55 | 52 | 52 | 49 | 59 | 67 | 65 |
| At 3, P. M. | 53 | 53 | 51 | 47 | 64 | 70 | 64 |
| Mean | 55.50 | 45. | 45.75 | 40. | 48. | 61. | 62.50 |
| *Barometer.* | | | | | | | |
| At 12, M. | 30. | 30.4 | 30.3 | 30.3 | 30.1 | 30.1 | 31.1 |

*Germantown, Pa.* B. J. Leedom.

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THE

# MEDICAL AND SURGICAL REPORTER.

No. 561.] PHILADELPHIA, NOV. 30, 1867. [Vol. XVII.—No. 22.

## Original Department.

## Communications.

### DYSPEPSIA.

By a Dyspeptic.

Who was ever on this rolling globe without having eaten too large a quantity? There is, I believe, no other organ in the human body insulted so often as the stomach, and yet it ever tries to perform its functions. The physiology of digestion is known, and also that the healthy action of digestion closely resembles catarrh in every other mucous membrane. In all other catarrhs, nature tries to help itself by copious discharges of mucus, or rather the swelled membrane, in a state of hyperæmia, must discharge freely. Generally, the appetite is entirely gone, and the rest allowed to the stomach settles the matter to mutual contentment. Very often, too, we see cases get well in spite of medicine, as the German custom shows, who eat an onion garnished with strong-salted raw herring, after having drunk, the previous evening, a gallon or two of beer, and smoked till glossitis nearly came on; not *similia similibus*, but cause and consequence.

A long continued derangement, by improper, insufficient, or decomposed food, will, of course, greatly affect the gastric juice in quantity and quality, and render it unfit for digestion. But the disposition to acquire an acute catarrh of the stomach is very different, and everybody will know, himself, that it is often impossible to tell which action must be held responsible for an indigestion. Of course, the greatest variety exists in individuals as to the disposition of that catarrh. Some are said to digest pebbles, and others cannot digest milk.

The gastric juice, acting on the slime in the empty and catarrhal stomach, loses its tonic reaction, and becomes alkaline. But in the meantime, the muscular coat of the stomach is sickly, for the fibres of it are in a state of imbibition and lose their contractible power. The stomach expands to unknown dimensions by the gases of fermentation, but there happens something before that time. It may be, and is, something worth while to look at a patient's tongue, not because a furred one would *surely* be a sign of catarrh, but very likely. But we will take a little child at the breast. The mother fears it may cry, and make papa angry, what does she? Regardless of the state of digestion the milk previously swallowed is in, she offers the breast to the little cryer, who needs perhaps a dry cloth, and makes him suck catarrh. Is the child very fortunate, it will vomit on the pressure put on the stomach by the evolution of gases; or it will not, and his loving mother will do all she can to make it sick. Allowing the child to sleep at the breast, some drops of milk, retained in the mouth, will be transformed into cheese, and will be the sour bread for the next taken milk, which will be put in new and different organic combinations enough to frighten a Liebig in their variations.

A catarrh may spread from the stomach to the mouth, or vice versa. The little sufferer, who feels all the pains of a chronic catarrh of the stomach, cries all the time, and if it recovers, it is only to fall subject to scrofulosis, or cholera infantum, or croup, etc. Do not laugh at this comical classification, because I will show them to have all one source in bad assimilation of nourishment. If the quantity or quality of blood is altered, it must, of course, follow that the gastric juice is altered. Patients lying on their backs after amputations or with fractures, acquire a catarrh by a meal that would not have hurt them at all when their gastric juice was rich in pepsin and good in quality. People who take their snifters regularly, do not get disturbance of their ventriculus as easily as those who are very careful and only indulge at times. A predisposition also exists in those who suffered from attacks before. It would lead too far to describe the various eatables that are supposed to be easy to digest, or not. I think a great deal of it is individual. Dyspepsia is more frequent in England and the United States than in any other country, and it is not to be wondered at. The teeth destroyed by caries, the haste that does not allow time to masticate the food, but to force it down steaming hot, and in pieces which would

be something of a match for the stomach and the muscularis of a pebble-swallowing bird, are means sufficient to render millions miserable. If the œsophagus shares in the disease, it is mostly its cardiac portion which is a source of complaint to the sufferer. He feels the pain either deep in the breast or under the rhomboid muscles, and startles his hearers with the assurance that there is a secret communication with his back and stomach, because a ructus came clearly out of his back or breast. In these cases there is always an enlargement of the lumen of the œsophagus, and a stricture of the cardia. "Here," they say, pointing to the ensiform process, "here all I eat sticks, and goes no further." The same comes on with the pylorus, and the food remains undigested in the stomach for forty-eight hours, and then is vomited in a beautiful state of preservation.

There seem to be always dyspeptic symptoms in hysteria and all states of disturbance of the uterus, and of the catamenia. The thousand symptoms, headache, a desire to make way with their lives, unfitness for business, etc., are always a source of anger for the doctors. Very often the mouth catarrh is the cause of the long continuance; and scrupulous cleanliness of the mouth and the pulling of some carious teeth are beneficial.

Very few people know when to stop eating and drinking. They dilute their gastric juice with quantities of drinks, they feel the aorta pulsating through the stomach, a serious thing in their eyes, the heart beats through the belly. They come to the office and relate their stories, with a stinking pharyngeal catarrh, together with some teeth decayed by caries humida, and commence to talk in a kind of confessing way. It is needless to say, that I would sooner face a rebel battery; and what are all the horrors of Dante's hell to such a penalty. If a man, you may arm yourself with a long cigar, but against the sweet exhalations from a lady's oral cavity you must submit without being able to mask the stench. It is needless to note the symptoms; they are, more or less, in each book.

Generally, for acid in the stomach, excessive heartburn, etc., the antacids, bicarb. of soda, magnes. carb, or calcin., etc., are given. They help, too, if the disease is not protracted, and if the muscularis is acting, but if not, they hurt. It is not known how the salts formed by the newly-made acids (lactic, butyric, and citric) act on the stomach. One thing they do: dissolve the slime and leave the surface raw, so that the pain is made worse very soon by acids thrown out afresh. It would be better to combine the antacid with a gentle cathartic, to carry the decomposed ingesta out of the channel sooner. Then comes the big lot of astringents, tannic acid, nitrate of silver, subnitrate of bismuth. They all act against the fermentation which is formed, and counteract it effectually, outside the stomach, as well as inside.

It is curious to see the by-ways where the profession has searched for the mode of the action of those preparations. The bismuth, which was celebrated in the childhood of chemistry, lost its value when chemistry got to be more perfect. The bismuth is, as is well known, put in a crucible with soda and sulphur, to get rid of some particles of arsenic which accompany it. Then it is dissolved in nitric acid and a little water, and thrown in a large quantity of water; it divides itself, then, into a sour and a basic salt; the latter is used. This latter loses its nitric acid by standing in ill-closed jars, and gets by that more or less ineffective. Now they thought that the arsenic was the active agent, and gave it, added it even to it. The nitrate of silver enjoyed always a kind of reputation, especially in the so-called sick-headache, the French migraine.

The ferrruginous preparations were in vogue, too, for a long time, with good results, and had many lovers. I am one of them. In giving carbonate of iron, a nearly always useless preparation is given, because it gets more basic by taking up oxygen out of the air. The Vallet's mass is better, by shutting out the air by sugar. But a very good remedy is obtained by taking sulphate of iron (copperas) and bicarb. of soda, āā ℈j. This dose will give about seven or eight grains of carbonate of iron freshly precipitated, and one grain of bicarb. of iron with the rest of the sulphate of soda in solution. The ugly inky taste may be avoided by taking tr. ferri muriat., ʒj., it has about the strength of ℈j sulphate of iron. This remedy fresh, given separately like seidlitz powders, relieved me from obstinate vomiting for six years, twenty to thirty times a day, every other remedy having been tried before. The diet need not be restricted at all. I believe it to tan the mucous membrane most effectually, and to absorb and alter the gases. It always forms sulphuret of iron. By the action of carbonic acid on sulphites in presence of organic matter, an action takes place, which is easily shown by placing a piece of straw or wood in presence of a sulphite in water saturated with carbonic acid. It is worth a trial. I do not believe that iron in such a rude method is ever put in circulation as a blood-builder, but enables the organ in charge of digestion to perform its duty. I have

said nothing new, I know; but a mucous or semi-mucous membrane in an inflamed condition, and so easy of access, should be tanned or cauterized, and this is done by the above.

## CASE OF HYSTERICAL EPILEPSY WITH CHLOROSIS.

By F. Le Roy Satterlee, M. D.,
House-Physician, Bellevue Hospital, N. Y.

An unknown woman was brought into Bellevue Hospital, November 13th 1867, at about 6 o'clock in the evening. She was found insensible on board a Catherine street ferry boat, going from Brooklyn to New York. Having been admitted into the hospital, she was sent to ward No. 20 of the First Medical Division.

Lying in a semi-comatose state, unable to answer questions put to her, or to give any account of herself, her condition may be described as follows: Face very pale; skin cool; pulse 96; respiration normal; frothing at the mouth; gnashes her teeth, and occasionally bites her tongue, which she keeps pressed against her upper teeth. She shakes her head frequently and her whole body quivers.

*Treatment.* Ten minims of Magendie's solution of morphia was prescribed, but she could not be made to swallow it. Five minims of Magendie was then administered hypodermically, and her feet were placed in a hot mustard bath. 10.30, P. M. She seems to be slowly recovering consciousness. Has turned over on her side, and is resting quietly. On placing one of her arms in any uncomfortable position, she immediately removes it to one of more comfort. Her skin is warm; pulse 90.

November 14th, 8 A. M. She has recovered consciousness completely this morning, and gives the following history of herself: Her name is Annie Williams; she is nineteen years of age; lives in Brooklyn. She says she was crossing the ferry yesterday evening, and was suddenly seized with a violent pain in her stomach with nausea and vomiting, and then lost consciousness and remembered nothing until she awoke this morning in the hospital. She says she never had a fit before. Has not been well for the past eighteen months, during which time she has grown very pale and weak. Has shortness of breath and palpitation of the heart, on going up stairs, or upon any great exertion. She has been troubled, she says, for a long time with the feeling of a ball rolling up in her throat and almost choking her. Upon auscultating the heart, an anemic murmur was found accompanying the first sound.

The diagnosis of hysterical epilepsy with chlorosis was made, and the following remedies were given.

℞. Zinci valerianat. gr. xx.
Ext. valerian, gr. x. M.
Et. div. in pil. No. xv.
S. One pill three times a day.

Also—

℞. Syr. ferri. iodidi.
S. 20 drops three times a day.

November 15th. This morning the patient is much better; complains of no pain. Has been up for a little while. Feels very weak.

November 17th. The health of the patient is rapidly improving. She says she is a great deal stronger.

The following was given:

℞. Ferri lactatis, ʒj.
Syr. aurant cort., f.ʒij. M.
S. A tablespoonful three times a day.

Nov. 19th. The patient was this morning discharged, all bad symptoms having entirely disappeared. She says she feels perfectly well and strong; better, indeed, than she has been for many months past.

Under the head of epilepsy and hysteria, Da Costa says: "It is sometimes very difficult to distinguish between paroxysms of hysteria and of epilepsy; and it becomes the more difficult if the epileptic seizures occur in hysterical patients. Yet there are, ordinarily, many well-marked points of distinction between the maladies, as will be seen from this table."

| Epilepsy. | Hysteria. |
|---|---|
| *Sudden and complete loss of consciousness. | Gradual and only partial or apparent unconsciousness. |
| *Livid face; escape of frothy saliva from the mouth. | Face flushed, or complexion unaltered; no froth on lips. |
| Eyelids half open; eyeballs rolling. | *Eyelids closed; eyeballs fixed. |
| *Grinding of the teeth; biting of the tongue. | Neither grinding of the teeth nor biting of the tongue. |
| More or less insensibility of the pupils to light. | *Pupils react readily. |
| *Distortion of countenance. | No distortion of countenance. |
| *Patient evinces no feeling. | Patient sighs, or laughs, or sobs. |
| Aura epileptica. | *Globus hystericus. |
| Convulsions often more marked on one side than on the other; and more tonic than clonic. | *No such difference: convulsions clonic. |
| Paroxysm generally of short duration. | *Paroxysm generally of longer duration. |
| *Paroxysm followed by a heavy, half comatose sleep, by headache and dulness of intellect. | Paroxysm not followed specially by sleep; patient often, after attack terminates, wakeful and depressed in spirits. |
| *Frequently occurs at night. | Rarely occurs at night. |

I have marked with a * such symptoms as were noticed in the case which is the subject of this article; it will be observed that they partake of the nature of both epilepsy and hysteria.

## CASES IN PRACTICE.

By J. W. P. Bates, M. D.,
Of Baltimore, Md.

### Scirrhus of the Breast.

In October 1863, Mrs. J., aged 67, requested me to examine her left breast which was the seat of severe pain. She had been annoyed by this pain for some months, and had also noticed a hard ness of the inferior portion of the breast. She attributed this lump to having fallen on the sharp edge of a tub. Upon examination, a hard mass could be felt occupying fully one-third of the gland. The tumor was nearly the shape of one-half a saucer with the concavity presenting forwards, and the sharp, apparently cartilaginous edge, could be felt occupying about one-third the circumference of the gland. The pain was sharp and lancinating, the nipple not retracted, general health good; and all the functions regularly performed. I pronounced the disease to be cancer, and directed that all irritation should be avoided, and proper means taken to postpone ulceration as long as possible. I heard no more from her until April 1865, when I was requested to see her, on account of hemorrhage from the breast. The tumor had enlarged considerably. The skin was healthy, with the exception of a spot about an inch in diameter, an inch and a half below the nipple, which was very much congested. From this spot the blood would spout in a full stream two or three times a day, yet no breach of continuity could be discovered. The bleeding was checked by the application of wheat flour, which also relieved the pain. In July 1865, ulceration took place, leaving a large foul ulcer, from which flowed a highly offensive discharge. During the succeeding months the case went from bad to worse until October, when her friends requested me to give her something to relieve the pain for the short time she had to live. She then presented all the symptoms usually described as the cancerous cachexia. Her pulse was feeble, voice weak, deglutition painful, and severe pain in her breast, left arm and right thigh. The ulcer was very large and discharging profusely, and the offensive odor kept her nauseated nearly all the time. Regarding the case as likely to prove fatal in a few days, I informed the family that all I could do, would be to render her last moments as painless as possible. With this view one-eighth of a grain of sulphate of morphia was ordered to be taken, pro re nata, and the ulcer to be washed with warm water, containing a few drops of creasote. In a day or two, she complained of the disagreeable smell of the creasote when a weak solution of sulphate of iron was substituted. From this time she began to improve. The ulcer gradually became smaller, and at *last closed entirely, leaving a cicatrix three inches long*, and before Christmas she was free from all pain, and able to go about the house. The hardness of the breast still remained. Informing some of my friends of the progress of the case thus far, they kindly doubted my diagnosis, and insisted that it was a benign tumor. However, in March 1866, it again ulcerated, and she suffered extremely until April 1867, when she died, with symptoms of cancerous infiltration of nearly all the tissues.

### Lumbar Abscess.

In December, 1865, I was called to see Mr. S., who was suffering from severe pain in the region of the left kidney. On account of the peculiar character of the pain, and also as the function of the organ did not appear to be interfered with to any great extent, I at first thought it a case of nephralgia, and so treated him. The urine exhibited nothing abnormal when examined chemically and microscopically. The case continued for a week or two, with no change of the symptoms, and no alleviation of the pain, except when under the influence of opium. A short time after, the urine began to contain pus globules, and was soon loaded with them. Nearly simultaneously, an obscure fluctuation was noticed in the back. This state of things continued for some weeks, with no change, except the gradual increase in size of the lumbar abscess and the emaciation of the sufferer. Iron, tonics, anodynes, milk-punch, and good nourishing diet, were freely administered. I then requested Prof. Dunbar, of this city, to see him with me, which he did, and proposed that we open the abscess in the course of a few days. At the next consultation, the Doctor, considering the case hopeless, changed his opinion in regard to the use of the knife. February 1st, the abscess broke, and about a pint of scrofulous pus escaped. From this point he commenced to improve. The abscess discharged less and less; the opening would close, and then be re-opened for the escape of a small amount of pus; the pus disappeared from the urine, and the appetite improved, and he slowly regained his strength. In the early part of March, he had so far recovered as to be able to walk to my office. He soon returned to his home, Charleston, S. C., whence he wrote me that his side was annoying him some, and he was afraid that the abscess was re-forming. In a few months, I again heard from him, when he expressed himself as being perfectly well.

Knowing the fatality usually attendant upon this disease, I was surprised at the favorable result. The connection of the kidney with the abscess is not easily explained. At no time was there an escape of urine through the opening in it, although large quantities of pus were daily carried off by the kidneys.

## CASE OF PRÆPARTUM ECLAMPSIA; PUERPERAL MANIA; DEATH; AUTOPSY.

By James B. Burnet, M.D.,

House Physician, Bellevue Hospital, New York.

Sarah J. Barrow, aged 20 years, a native of Ireland, was admitted into the waiting-ward of Bellevue Hospital on November 6th, with the following history: She had always been well previous to her pregnancy, during which she noticed more or less swelling of her legs. Her urine, on examination, was found to be acid, and contained a considerable amount of albumen. She was ordered magnesiæ sulphat. in sufficient quantity to keep her bowels freely open, and in addition, ℞. Pulv. digitalis, gr. j; pulv. jacobi, gr. iij; sodæ bicarb., gr. v. M. Ft. chart., ter in die sumatur. The powder disordered her stomach, and hence it was omitted, and the salts relied on to prevent the occurrence of uræmia. The urine was examined three times subsequently, at the last two of which, no albumen was found. She continued quite well until November 28, when at eight and a half A. M., she was seized with a convulsion, which lasted about ten minutes. She remained semi-comatose about fifteen minutes afterwards. She was ordered a hot air bath immediately, and gtt. ij. olei tiglii. The bath caused free sweating, and she seemed somewhat relieved. The urine showed no albumen with heat or nitric acid, but the microscope revealed considerable epithelium, and numbers of small fatty casts. At 2, P. M., another dose of croton oil was administered, and operated freely at 6 P. M. On the following day, as the urine still remained scanty, a dozen dry cups were applied over the loins, and half drachm doses of bitart. potassæ given three or four times daily. Meat diet was prohibited. On November 30th, she was sitting up and complained only of headache and disordered stomach. Potassæ bitart., to be continued. From this time her bowels were kept freely open, and the urine was more copious, although occasionally albuminous. Fatty casts and cells were also found in it. She fell in labor January 15th, at 10 A. M., her urine at the time being decidedly albuminous. The labor progressed favorably, the child presenting by the vertex in the first position. Knowing the previous history of the case, the patient was watched very closely, and all things were prepared to get her at once under the influence of chloroform, should she have a renewal of the convulsions. The case terminated happily, at 11, P. M., January 15th, the mother giving birth to a finely formed boy of eight pounds weight. The following day she seemed to be doing well. Her urine, which had been scanty, increased markedly in quantity, so that she passed as much as three and a half pints in twenty-four hours. On January 17th, the milk fever had set in, complicated with vomiting and a dry skin. For this she was ordered a hot-air bath, which gave her much relief. During the day, as she complained of after-pains, she was ordered sol. morphiæ sulph., (U. S.,) f.ʒj. That night she was found to be quite delirious, talking in a subdued tone, and very quietly, but not knowing what she said. At this time, it was thought that the delirium was due to the morphia, as the patient said she felt quite well and free from pain. On the following day, she was again quite rational at the time of the morning visit, but subsequently she gave some indications of a wandering intellect, in so obscure a way, however, as to make it doubtful, whether she were really delirious, or in a half-dreamy state, and talking in her sleep. On January 18th, she grew much worse, so that most serious doubts were entertained of her safety. Vomiting again began, she was very delirious very weak and with a very flushed face. The appearance of her face led to a very careful examination for pneumonia, but no evidences of it were found, nor was there any affection of the respiratory functions, save a slight catarrh. At this time the urine was still copious, but decidedly albuminous, the lochia normal, as regards quantity and quality, and the secretion of milk, still continued. There was no pain or tympanitis over the abdomen.

On the night of the 19th, the patient complained of not having slept any for twenty-four hours; had a hot dry skin; a burning thirst; with a craving for hot drinks; and occasionally vomiting. Her pulse was 140 and very weak. The case was now decided to be one of puerperal mania, the diagnosis being arrived at by exclusion. She was ordered at this time, a hot foot-bath, and hot whisky-toddy to satisfy her own cravings, and in the hope that it might produce diaphoresis, calm excitement, and so induce sleep. This happy result was not attained, and, on the morning of Jan. 20th, she was transferred to a medical ward. Her condition, on that morning,

was much the same, with the addition of very marked tympanitis of the abdomen, but without distinct evidence of pain. Lochia good; pulse 140, small and weak. Ordered quiniæ sulph. gr. iv., every four hours; whisky and nourishment as before. At 11 o'clock, A. M., her bowels were moved, and she passed the first urine since she entered the ward, only two or three ounces in amount. At 12, 2, and 4, her pulse was 150. At 5 P. M., Professor T. G. Thomas, the visiting physician, was taken to see the patient, and decided that it was a case of puerperal mania. As the great indication was to procure sleep for the patient, at Dr. Thomas' suggestion, she was at once put profoundly under the influence of chloroform, and kept so for half an hour. At the end of that time, gtt. x. of Magendie's solution of morphia were given hypodermically, and the chloroform was withheld. She recovered consciousness to some extent, but soon dozed off into a quiet sleep. This was at six, P.M. At seven she was still sleeping, and so continued during the following hours till 10, P. M., with only slight intermissions. At that hour her pulse was 154. At 12 o'clock, it was found that she had not slept any since the last visit. She was very restless and talkative; pulse 154. The chloroform and morphia, were now repeated, and she was ordered to be awakened at three to take some nourishment. She slept quietly till three, after which she was wildly delirious, until seven, A.M., Jan. 21st, when she died.

*Autopsy.* January 22d, 2½, P.M. Brain congested throughout, but not to any very great degree, and supposed to be due to the chloroform otherwise quite healthy. Uterus healthy; the right ovary was intensely congested. In the fallopian tube of the same side was a *very small* quantity of purulent-looking fluid, about two drops. The left ovary was healthy, and no pus in the ligament of that side—no peritonitis. The kidneys were large, weighing 6¼ and 7¾ oz. Fatty degeneration well marked. They were also very much congested, so that the malphigian tufts appeared to the naked eye, as fine red points. The microscope confirmed the appearances, as fatty cells and tubes were seen in abundance.

—— Syphillis Contracted from Cigar Stumps. Two cases of Syphilis contracted by chewing cigar stumps picked up in the streets, have been reported in a recent number of the *Giornale Italiano delle Maladie Venere.*

# Hospital Reports.

Jefferson Medical College,
*November 6th*, 1867.

## Surgical Clinic of Prof. Gross.

Reported by Dr. Napheys.

### Operation for Bony Anchylosis of Knee-joint. Performed Oct. 30th.

Wm. K., æt. 12. This boy was operated on for bony anchylosis of the knee, one week ago vide p. 441. He affords a good illustration of the wonderful tolerance of a joint, when all its structures are obliterated by osseous union. Perforators were introduced into the articulation and the adhesions broken up in that way, with the aid of forced flexion, and there has been no resentment at all, beyond a slight sympathetic fever which has passed away. He has taken a little citrate of magnesia, and been kept upon a light diet for a few days. He has now an excellent appetite and sleeps well. The collodion dressing is still on the part; it adheres firmly. In the course of a very few days the limb will be gradually extended by means of screw power. This is the fourth case Prof. Gross has treated in this way during the last few years, and in none of these were there any serious symptoms.

### Cystic Tumor on Hand.

P. T., æt. 14. This patient has on the back of the left hand, a sort of double cystic tumor, a little constricted at the centre, connected with the tendons of the index and middle fingers. It has been present for about a year. It fluctuates a little; is slightly indented on pressure; and is free from pain, unless the hand is used a great deal, when there is an occasional twitch of pain, and some degree of tenderness in the part.

This is a ganglion, a small cyst situated in the course of the tendon to which it is closely united. This affection is occasionally met with in the higher classes of society, but more commonly in the middle or lower, among hard working people, sometimes in seamstresses; persons who scrub and wash are perhaps more subject to it than any others. These ganglions are generally met with along the tendons of the extensor muscles of the hand, but sometimes in connection with the tendons of the flexor muscles of the hand. Occasionally they are found along the tendons of the extensor and flexor muscles of the toes. They are harmless, never degenerating into malignancy. Sometimes, as in this case, they come on at an early period of life.

The older surgeons were in the habit of striking these tumors with a Bible, rupturing the cyst in this way, and allowing its contents to pervade the surrounding structures. Sometimes laceration of the cyst can be effected by the pressure of the thumb. This is only the case when it is of comparatively recent formation and very thin.

The operation which Prof. Gross has performed for a number of years, and which originated with him, consists in introducing a tenotome subcutaneously, pressing out the contents, dividing the cyst at a great number of points, and then bringing

the opposite surfaces in contact by means of a compress, confined by a narrow roller, the cure being completed by the application afterwards of tincture of iodine to set the absorbent vessels to work. This operation was performed, the fluid which escaped looking very much like the gum which exudes from a cherry tree. It is not the synovial fluid which commonly exists in the sheath of the tendon, but that fluid altered by its own accumulation. A compress was applied by means of a coin making firm pressure. Unless some contraindication arises, the compress will be allowed to remain for six or seven days. It will then be removed, and dilute tincture of iodine painted on, after which it will be re-applied. In this way the treatment will be continued until there is reason to believe the sac has become completely obliterated.

### Encephaloid of the Upper Jaw.

Mrs. C., æt. 48. This patient lives in New Jersey. She has two children, and was until four months ago quite healthy. The trouble first manifested itself by an obstruction in the left nostril, interfering with respiration. A discharge from that nostril made its appearance on the pillow at night. The tumor grew and began to encroach upon the face, about eleven or twelve weeks ago, and upon the mouth six or eight weeks ago. The tumor now extends nearly as far back as the lobe of the ear, as high up as on a level with the orbit of the eye, and down beyond the level of the corner of the mouth, which is drawn down somewhat. It involves the whole of the alveolar process of the upper jaw, and the inner portion is in a state of ulceration. The skin is somewhat discolored over the tumor, and her complexion is peculiarly sallow. The pain in the part is of a dull, heavy, aching character, and extends to the forehead and temples, preventing sometimes sleep at night. There is not now a great deal of discharge from the nose. The tumor has bled a little at times. She looks very pale, her weight has diminished from 186 to 120 pounds, and she is very weak, so that she walks with difficulty. Appetite is poor.

This disease is encephaloid, fungus hæmatodes, medullary sarcoma, (as it was called by Mr. Abernethy), cerebriform or soft cancer, as it has been variously denominated. It presents what Mr. Paget and his school, and the German school of Virchow, call rapid proliferation, rapid cell formation. The cells are of a cordate character and doubtless very abundant. This tumor commenced only four months ago, yet it has made already very considerable progress, the constitution evidently sympathizing with it.

She was ordered,

| | | | |
|---|---|---|---|
| ℞. | Quiniæ sulphatis, | ʒiss. | |
| | Elixir calisayæ, | f.ʒvj. | |
| | Acidi sulphatis dil. | f.ʒiij | |
| | Tr. nuc. vomicæ, | f.ʒij. | M. |

Sig. Dessertspoonful, ter die. Also milk punch, two tablespoonfuls of whisky to a tumbler of milk, three times a day. As an anodyne at night, she will take three grains of solid opium. This will not act upon the skin so readily as morphia would do, and it is important that this patient should not have anything which will relax the skin or promote perspiration. Opium is not prescribed as often as it should be at the present day; morphia is given constantly without reference to the state of the system.

### Fatty Tumor on the Back.

Mrs. L., æt. 40. This woman has a large tumor in the middle line of the back between the shoulder blades. It was first noticed four months ago. There is no pain in the swelling, no discolaration of the skin, and no enlargement of the subcutaneous veins.

The tumor has a sort of semi-elastic feel, and is slightly movable.

This is a fatty tumor. If it were cystic, it would not have obtained such a bulk in so short a time, and it would be more easily indented.

The tumor was removed by enucleation, the incision being made in a vertical direction. The edges of the wound were brought together by three points of twisted suture. It is doubtful whether union by the first intention is obtained. This is a part of the body where little hope of it can be entertained, owing to the mobility of the shoulders. She was ordered to keep the arms quiet, to remain in a warm, comfortable room, and to live upon a light diet.

Fatty tumors grow in various parts of the body, more frequently upon the trunk, sometimes upon the extremities. Their structure is similar to that of fat in the natural state. They rarely have anything like a distinct capsule or covering. Now and then, if very large, the cellular tissue around them becomes condensed, so as to give rise to a sort of adventitious covering, but this is very uncommon.

### Chronic Abscess.

Samuel S., æt. 22, colored, from Charleston, South Carolina. This man has a swelling on the breast over the sternum. He first noticed it eight weeks ago. It has been increasing quite rapidly in size. There is no pain in the part, and he is perfectly well in other respects. There is preternatural heat in the part, but no discloration. It is too soon for any tumor of such a size to form, excepting encephaloid. He had chancres on the penis two years ago, but there is no history of any secondary manifestations. Distinct fluctuation can be detected in the swelling.

This is either a chronic abscess or one of those gummy tumors, the result of a syphilitic taint of the system, which form in the cellular tissue, and in connection with the bone and periosteum.

The abscess was opened, and characteristic strumous pus obtained. The probe introduced came into contact with a rough surface on the sternum.

These cold or chronic abscesses are very frequently provided with a distinct cyst, a pyogenic membrane formed out of the plasma of the blood limiting the matter, and preventing its diffusion.

He was ordered three grains of iodide of sodium with one-tenth of a grain of bi-chloride of mercury three times a day. As a local application, the cavity will be washed out twice in the twenty-four hours, with a weak solution of carbolic acid, two or three drops to the ounce of water, and over the outer portion a gum ammo-

nia and mercurial plaster will be applied, taking care that the opening made with the knife shall not be closed by the plaster. A tent will be kept introduced, to prevent the edges from reuniting, for a few days, until they begin to granulate, when the opening can be left to take care of itself. His appetite is good, and he therefore needs no tonic or stimulant of any kind.

# Medical Societies.

## NEW YORK MEDICAL JOURNAL ASSOCIATION.

*Regular meeting, Nov. 15th, 1867.*

Dr. White, *in the chair.*

### Resumé of the Cholera of 1867.

Dr. John C. Peters read a very able and interesting paper upon the progress and distribution of the late epidemic, tracing it from its indigenous source, to those portions of the globe where it may more properly be considered as exotic. The various routes pursued by cholera, and their immediate connection with the great lines of commerce and travel, were amply and clearly illustrated by very carefully prepared maps. As an abstract of this paper would scarcely do justice either to its author, or the subject matter, we present the greater portion of it in full, hardly knowing where to compress, since the whole paper itself is a condensed statement of interesting facts, logically and clearly connected.

The Dr. remarked that cholera has prevailed in few places this year; we have merely had to deal with the remains and dregs, as it were of the great epidemic of 1865, rather than with any new infection, except perhaps in one place, viz., Hurdwar, in Hindoostan, near the source of the Ganges. The great epidemic of 1865, was particularly noted for the course or line of travel which it pursued, for this differed from all other previous routes. It started from Bombay, passed up the Red Sea to Mecca, from thence to the Mediterranean, and from thence to all parts of Southern Europe.

Before the establishment of the overland route to India, and the use of steam-vessels on the Red and Mediterranean seas, cholera died out on Ship board, before it could be conveyed from Calcutta around the Cape of Good Hope to England. It was formerly conveyed across Central Asia to Russia, because Russia had monopolized almost all the trade with the Asiatic tribes, and we know that cholera follows the lines of commerce. This Russian trade extended more especially down from the towns of Astrachan on the Volga, and Orenburg on the Ural river, down to the very borders of Hindoostan. There is hardly a tent or house in all Central Asia, which is not supplied with Russian articles. No less than 3000 camels are employed in carrying iron pots alone, from Orenburg, and one company of traders employ 27,000 camels. Of course cholera has often travelled and will continue to travel overland from India to Russia, as long as this extensive trade is maintained, and the towns of Orenburg and Astrachan will not only be the most exposed, but will also be the first to contract the disease. This was so well known in 1832, that the Asiatic cholera was called the Russian cholera when it reached the borders of England.

Another great line of cholera travel towards Europe, is up the Persian Gulf, through Persia to the Caspian Sea, and Astrachan in Russia. These three great routes were illustrated by very carefully prepared maps.*

As cholera always, or at least very frequently, moves along the great lines of travel and commerce, the question whether it is communicable from one person to another, is a most important one, and this question is now considered as having been definitely settled by the experiments of Thiersch in 1854, and the corroborative ones performed in England during the past season by Burden, Sanderson, and Thudichum.

In repeating the experiments of Thiersch, these latter gentlemen discovered that when the cholera matter had killed one series of mice, another series which devoured the dead bodies of the former, were siezed with the disease in equal virulence, the mortality ranging as high as 57 per cent.

Carrying on the experiments to a *third* series of mice, a mortality of 50 per cent. ensued.

It is very interesting to note that these experiments succeeded in August and September, but always failed in November, owing doubtless to the low temperature which prevails at that time. There seems to be some relation between this result and another great fact, that cholera almost always dies out in the fall of the year, or rarely continues during the winter. The author then took up the subject of microscopic fungoid growths, as connected with the causation of cholera, giving special prominence to recent observations made by the Germans, which would seem to prove a vegetable origin. It ought to be added, that the ordinary vibriones have frequently been discovered in large quantities in the rice water evacuations, even while yet contained in the small intestines, showing merely that there is a remarkable proneness to decomposition of the intestinal contents. English observers, as a rule, have not placed so much stress upon these microscopic bodies, being content to destroy their pernicious effects by liberal applications of carbolic acid, permanganate of potash and other disinfectants.

* The author has very kindly placed at our disposal, many of the more important maps showing the course and distribution of the principal epidemics, which starting from India and Hindoostan, have travelled through Europe, and from thence been transported to the United States, and spread itself by means of military conveyance, to various army stations and Indian tribes. We regret that a want of space precludes us from availing ourselves of his generosity. These society Reports follow each other in such rapid succession, and demand so much of our space for mere *printed* matter, that anything but the most meagre illustration in the way of engravings is necessarily precluded, both on account of want of room and time. By frequent reference to ordinary maps, the careful reader will be enabled to follow the author's interesting researches, and thus, though perhaps less satisfactory, supply the want of illustrations.

In our own country we have had but little cholera this year, still that little has been in interesting quarters. Last season, viz., 1866, it went from New Orleans, up the Mississippi to the Arkansas to Little Rock, thence to Fort Smith, from thence to Fort Gibson and Fort Arbuckle. It again broke out in all these places this spring, (1867,) and also at Helena and Memphis.

At Fort Gibson it commenced in June, and soon rose to the high mortality of 25 per day in that little place, and was also handed over to the Cherokee and Creek Indians, in that neighborhood.

Fort Gibson has an historical interest in connection with cholera, for the disease has prevailed there no less than four different times. It broke out in New Orleans in October 1832, and again in May 1833, and was carried to Fort Gibson in the third quarter of the year 1833, and destroyed 170 persons.

The cholera of 1848 began in New Orleans in December, and was carried up the Arkansas river in steamboats, and reached Fort Smith in the second quarter of 1849, and from thence was again carried to Fort Gibson, where 181 cases occurred in the U. S. Army in July and August of 1849. In May 1851, cholera was again carried to Fort Smith by two companies of the 5th infantry, who came from Corpus Christi, Texas, with cholera. It was also carried last year from St. Louis and Jefferson Barracks near it, up the Missouri river to Fort Leavenworth, where it again broke out this spring, and was carried to Forts Riley and Harker, and from thence to the new town of Ellsworth, which at that time was only six weeks old; but cholera reached it unerringly, because soldiers, rail-road laborers, and others coming from infected districts, passed through there with the disease.

This is a new line of travel for cholera to take from Fort Leavenworth. Formerly it was always carried northwest along the great Oregon travel to Forts Kearney and Laramie, and thence across the Rocky mountains.

Fort Leavenworth has great historical interest in connection with cholera. It prevailed there in 1833, in June, 1849, July, 1850, June and July, 1851, May, 1852, June, 1854, and again in 1866 and 1867. It has regularly been brought there from St. Louis, and was handed along the great line of travel to Oregon, along the Platte River to Fort Kearney, and from thence to Fort Laramie, and from thence to the Pacific coast. The reason that it has so often been brought to Fort Leavenworth is, that this place formerly was not only on the great line of emigrant travel to Oregon, New Mexico, and the great plains, but also used to be the great depot for supplies, and a rendezvous or starting-place for all the United States troops going west. Now the line of travel is somewhat diverted to the Pacific Railroad.

In 1854, over 1000 emigrants died of cholera on the road, before they reached Fort Kearney, and many Indians, who loitered along the emigrant road from curiosity, and for the purpose of begging, paid a terrible penalty.

There have been no less than eight epidemics of cholera at Fort Leavenworth, all due to its intercourse with St. Louis. In 1866 there were 3500 deaths from cholera in that city, and this year 482. The cholera of 1832 did not reach Fort Leavenworth till 1833, but it reached the Sac and Fox Indians, then in Iowa, from Fort Crawford, near Prairie du Chien, as early as August, 1832, and Fort Armstrong, on Rock Island, in September, 1832. The Black Hawk war was then going on, and the U. S. troops contracted the disease (then coming down from Canada) at Detroit, carried it to Fort Dearborn, or Chicago, and from thence to Forts Crawford and Armstrong, and gave it to the Sac and Fox Indians.

An outbreak of cholera has just occurred at the Philadelphia Navy Yard, in which there were forty deaths in the receiving-ship, traced to new recruits enlisted with incipient cholera.

An outbreak at Havana is now reported.

An English troop-ship, the Himalaya, direct from Malta, has brought the disease to Quebec. The Himalaya took two soldiers on board with premonitory diarrhœa or incipient cholera. They were the first cases of cholera which occurred on board the Himalaya. The disease died out on the long voyage from Malta to Quebec, but as infected articles possibly have been retained on board, Dr. Marsden carried out the strictest sanitary measures against her.

Professor N. S. Davis, of Chicago, has just published an article, in which he takes the ground that true Asiatic cholera can originate in any city and any country, irrespective of importation. That the same causes which now are acknowledged to give power and activity to the infection, are capable of originating it anywhere. These causes are, high temperature, moisture, accumulation of decomposable animal and vegetable matter, and absence of proper ventilation and drainage. He denies that the epidemic of 1866 in Chicago, either in its beginning, progression, or decline, could be traced to any influence from the importation of persons or goods from other localities.

It is sufficient to say that the causes of common cholera prevail every year, but we never have Asiatic cholera in this country, except after it has prevailed in Europe, that it always prevails in the East before it does in the West, and that it is easy to confound common cholera with Asiatic cholera.

The distinction between common or country cholera and the true epidemic pestilence, was made, even in Hindoostan, as early as 1817. In common cholera, which is allied to diarrhœa, cholera morbus, etc., the loss is six or seven per cent., while in true Asiatic cholera, the loss is sixty to seventy per cent. It is a significant fact, that Dr. Davis has been remarkably successful in the treatment of what he supposes to be true cholera.

No one denies that diarrhœa, cholera morbus, cholera infantum, and septic cholera prevail very largely in the dirty portions of all great towns, in the summer. But neither of these diseases is true Hindoostanic or Asiatic cholera. The English cholera often approaches the Asiatic in severity, at least in appearance, but the majority of cases recover, and the more experienced English physicians do not confound these diseases, except,

perhaps, at epidemic times. But Dr. Davis' article, and another in the *Boston Medical Journal*, are interesting, as proving how closely ordinary cholera sometimes resembles its more malignant prototype.

### Cholera in Europe in 1867.

Cholera has prevailed at Warsaw, in Poland, between June and August of this year. There have been about 4000 cases and 2000 deaths.

There have been many cases in Switzerland, all traced to direct importation from Italy.

At Rotterdam, (Holland,) there were 18 or 20 cases a day in the beginning of September, but by the 21st, it had decreased to two or three per day. It has remained at Rotterdam since 1865, or rather has broken out again in the summer of 1866–67. I do not know how it reached Warsaw, but Drasche, the celebrated historian of cholera, says it was conveyed direct from Rome to Zûrich in Switzerland, by a family which fled from the former place: a child, which had already been sick with premonitory diarrhœa, then the washerwoman, then a relative, then a friend who often visited the house. There were 591 cases in Zûrich this summer.

The rest of Europe has escaped this year, with the exception of Italy, Tunis, and the islands of Sicily and Malta. Sicily escaped in 1865, in consequence of a strict quarantine, but an insurrection breaking out in 1866, Italian troops were sent from Naples and other parts of Italy, and carried the cholera with them. In fact, this is the third year in succession that Naples has been visited by cholera, and the causes are obvious. There is not a street or lane in which putrid exhalations and pestilential smells are not emitted from many sewers and choked conduits, poisoning the air, and even rendering it necessary to rinse the mouth frequently, to get rid of the disagreeable taste. The water is also bad.

From Naples it was carried over to Palermo in Sicily, by Italian troops. This was so manifest, that the soldiers were charged with having poisoned the wells, fountains etc., and much popular indignation was excited against them. In Sicily there were no less than 12.000 cases and 7000 deaths in two weeks, and 60,000 people left the island. In Italy, last summer, the ravages of the disease were very great, no less than 63.000 cases and 32,000 deaths having occurred in a few months. The same scenes of prejudice and superstition were enacted in Italy as in Sicily, aided by the machinations of the reactionary party against Victor Emanuel, especially by the old Bourbon party, and, it is said, by some of the priests whose religious establishments had been broken up.

The people would not only not drink water, neither would they use it for washing purposes. Doctors, soldiers, apothecaries, nurses, and witches, were accused of carrying the cholera about in powders and ointments, scattering it in the air and putting it in the water. The use of disinfectants probably led to this malicious charge, and the well known malign influences of bad water, especially that contaminated with matters from the sewers, led ignorant people to believe, and designing villians to charge that the drinking water had been poisoned. Many apothecary shops were destroyed to get at the ointments and powders which were supposed to disseminate the disease. Railroad trains and the mails were stopped, and, finally, the dead were left to rot in the houses from whence all the rest had fled. The soldiers were obliged to break open these houses and bury the offensive corpses. Finally, the dying refused to receive the sacred wafer from the priests, fearing that it might be poisoned, and rejected both food and medicine from soldiers and priests. Soldiers, physicians, apothecaries, and supposed witches were mobbed as cholera-agents. The noble and zealous often showed as much ignorance as the superstitious. Thus, when cholera broke out in Albano, Cardinal Altieri, the bishop of that place, started at once from Rome, took all the money he could raise, stripping his palace of all clothing, bedding, and food, and took two physicians with him. When he reached Albano, he addressed the people at once, carried the sacred host barefooted through the streets, administered the sacrament to all, gave away all his linen and beds, took no sleep, and ate coarse food. He, of course, died in three or four days. So strong was the belief that the soldiers and the authorities caused the cholera, that a brigand, named Palma, ordered the professors and prefect of the town of Rossano to cause the disease to cease instantly, or he would come down with 4000 men, and burn and destroy everything before him.

A Society of the Sacred Heart of Jesus was formed to prevent cholera; each member to wear a cross cut out of red woolen, and surrounded by a little cross, the whole to be fastened upon a square of white woolen, with the inscription, "Stand off, the Heart of Jesus is with me." Bishop Fetici, of Parma, granted forty days' indulgence to all who would wear the badge and report certain progress daily.

How different has been the conduct and success of the English authorities, especially in and near Bristol, the home of Dr. Budd. They attended to the things which were before their eyes, and under their noses, and seemed to care little for the air above or the waters under the earth, except that used for drinking. Thus Pill, a little town five miles from Bristol, England, with 1800 regular inhabitants, became fearfully overcrowded by sailors and rail-road laborers. There had been twenty-five cases of cholera. The town was very filthy, and had a ditch and brook filled with refuse matter from sewers; many privies emptied into it by open drains. Many houses had no privies, but their inhabitants used the the banks above the brook for this purpose, so that it was absolutely covered with fœcal matter. All the cases could be, and were traced to direct contagion. There was no trifling with a few teaspoonfuls of carbolic acid or a handful or two of chloride of lime, but all the privies and dunghills were thoroughly disinfected, one-half ton of sulphate of iron was put in the ditch, and the surface covered with chloride of lime. Where the brook emptied into the village, one-hundred pounds of sulphate of iron was thrown in every morning; a strong solution of sulphate of iron was put in every drain, and carbolic acid, one-half pint to a bucketful of water, followed after.

The privies were washed down with a solution of carbolic acid, fumigated with chlorine, and covered with chloride of lime and charcoal powder. Filthy ground was watered with solutions of carbolic acid, and covered with Calvert's powder. Infected houses were fumigated, whitewashed, and the floors scrubbed with a solution of permanganate of potash. All bedding and linen, soiled with cholera discharges, were, as far as possible, destroyed. Nurses were sent down from Bristol, and went to every house where cholera existed, and taught the inmates how to use disinfectants for bed-pans, close stools, chamber pots, etc.

Cholera discharges had been thrown upon a heap of refuse near the principal well of the town, this was so drenched with carbolic acid, that an accidental rain rendered the water undrinkable. Depots were established where medicines, beef-tea, milk and ice could be obtained, and schoolmasters and clergymen were supplied with cholera medicine. It required four days to carry out these arrangements. During the first two days, fourteen fresh cases occurred; upon the fourth day, only seven new cases were noticed, and many of these had been previously infected, The last case occurred on the twelfth day after these proceedings were established. In twelve days the epidemic was at an end.

As Malta is in the direct line of travel from Mecca to Alexandria, and many Mohammedans live on the island and often go on pilgrimages to Mecca, the disease now prevailed there very frequently. In the week before October 4th, 1867, one hundred and forty cases, and ninety deaths had occurred.

### Cholera in India in 1867.

In Hindoostan, the home of cholera, what is now graphically called the "Pilgrim nuisance" has been forced anew upon the medical and other authorities. The London *Lancet* of July 1867, says: "There never was, perhaps, a more forcible illustration of the doctrine that cholera travels along the lines of human intercourse, than that supplied by recent occurrences in April, May, and June 1867, at Hurdwar, and its vicinity. One of those well-known great native gatherings took place there this year in April 1867. Cholera appeared; the vast assemblage broke up, and dispersed towards their homes and spread the disease along the whole line of their route. From Hurdwar as a centre, did the disease radiate outwards in the diverging lines taken by these natives."

The Indian correspondent of the *British Medical Journal* of June 8th, 1867, writes: "The returning Hurdwar pilgrims seem to be carrying the cholera poison with them in all directions. Despite every precaution taken to keep them out of the English military station at Umballa, which is the first post North-west of Hurdwar, and scarcely twenty miles away, and that by means of a cordon of police and the troopers of the 11th Bengal cavalry, two infected pilgrims managed to get into the Bazaar of the 94th regiment of white troops. In consequence, some thirty cases of cholera soon occurred, including three medical officers, one lieutenant, some white soldiers, and many native troops and camp followers. Up to April 19th, 1867, it is known that 269 cases of cholera occurred in one column of pilgrims in the short stretch between Hurdwar and Umballa, and many more deaths happened in other columns which pursued this and other directions."

The great towns of Lodiana and Lahore, which like Umballa are on the grand trunk road to the north-west were reached next in order. From Lahore, cholera spread north-west in a direct line along the grand trunk road to Altock and Peshawur. In the London *Medical Times and Gazette*, we read:—"During the present epidemic (1867), Peshawur the advanced post of north-western India, has suffered the most severely, though cholera is now widely disseminated throughout India, and exists at most of the military stations in Bengal. Ten per cent. of the troops at Peshawur have already been attacked, and 58 per cent. of these have died."

At the present time, the English government maintains a regular standing force between Hurdwar and Peshawur of more than 12,000 men. A large English garrison is kept at Amballa or Umballa, the nearest point to Hurdwar, and at Lodiana a little farther north. From Peshawur, the cholera of 1867 will almost certainly be taken to Cabul, thence to Balk, and finally to Bokhara, which latter place our friends the Russians are now besieging, or have already taken. The cholera may reach the Russians there, and they may carry it back to Khiva, and thence to Astrachan and Orenburg, where it has always been previously conveyed by the Asiatic and Tartar tribes. The above facts are particularly interesting, because cholera has always been conveyed to Central and Western Asia, to Persia, and to Russia, by this same route through Altock and Peshawur. In fact, if it is conveyed by persons, and not solely by winds, it can go in no other direction.

The province of the Punjaub, the extreme north-western province of Hindoostan, which has Hurdwar on its south-eastern boundary, and Peshawur the border town, or extreme advanced post of all Hindoostan, on its north-western line, is enclosed on all its northern and eastern sides, by the Himalaya mountains, extending in one unbroken line for nearly a 1000 miles in length, and about 80 in breath, forming a continuous pile of precipices, rocks, snow and ice.

Nothing resembling a wagon, or even ordinary beasts of burden, such as horses or oxen, can pass this barrier. Goods can only be carried on the backs of sheep and goats, and thus a scanty trade is carried on between Hindoostan and Thibet. The first and only break or pass in the Himalaya mountains is at the town of Altock, where the Cabul river makes its junction with the Indus.

The Province of Punjaub and the town of Altock, have great historical, commercial and medical interest. Almost all the invasions from the time of Alexander the Great—336 B. C., have taken place along the line of the Cabul River, through the town of Altock. Almost all the trade of Hindoostan with Persia, Independent Tartary, Central Asia, and Russia, almost

every epidemic of cholera has followed the same route of travel and conquest, and one of the great nurseries of cholera exists at Hurdwar, just below the Southern boundary of the Punjaub. I am not quite certain that the first great modern epidemic of cholera, that of 1817, escaped by this route. It probably did, but up to the present time no European has ever been able to go from Cabul to Balk, Bokhara, and Khiva, except in disguise, and the sources of information are necessarily scanty.

But in 1827, it destroyed 30,000 persons in Lahore, and passed from there to Cabul, over the Himalaya mountains, and from this last city, which is a great emporium for the merchandize of Russia, it was transferred by caravans through Balk, Bokhara and Khiva, to the Caspian Sea and Russia. At Cabul the two great lines of travel from Persia and Russia meet, and at Cabul the great line of cholera coming up from India divides, the one line leading to Persia, through the towns of Herat and Teheran, and finally to Astrachan; the other leads through Balk, Bokhara and Khiva, to Orenburg, in Russia.

Roberts says: "The largest of all the Indian fairs is held at Hurdwar, at the time of the vernal equinox. From 2 to 300,000 persons congregate there every year, and *every twelfth year* the number of pilgrims, merchants and visitors, frequently exceeds one and a half millions. This fair is a focus for the produce of all India, from Calcutta in the south-east, to Bombay in the south-west, and all the intermediate provinces; also of Cabul, Afghanistan, Persia, Arabia, and Independent Tartary. Horses, cattle, camels, jewelry, Persian dried fruit, spices, shawls, cotton goods, cutlery, etc., are the principal articles of trade."

Another writer says: "Hurdwar is a great mart of commerce, and a celebrated place of Hindoo pilgrimage. In the month of April the pilgrims perform their ablutions in the sacred Ganges; and great numbers of merchants follow, forming one of the largest fairs known in Hindoostan. In 1807, no less than two millions of strangers attended them. In 1783, we are told by many authorities, that about one and a half million dervishes assembled at Hurdwar, to celebrate a religious festival of peculiar popularity, and that in eight days 20,000 of them died of the cholera." It is perfectly evident from the above, that if cholera originates anywhere in India and reaches the neighborhood of Hurdwar, it will be strengthened there every year in April, and that every *twelfth year* this influence will be quadrupled, or more. That every year that cholera originates at Hurdwar, or is brought there, it will be conveyed north-westward through Altock and Peshawur to Cabul, and then will proceed due westward to Persia, northward to Balk, Bokhara, Khiva, to the nearest Prussian commercial towns, which are Astrachan and Orenburg.

Of all the great seaport towns of Hindoostan, as connected with the transportation of cholera, Bombay has excited most interest since 1865; far more in fact than Calcutta used to. It seems well proven that our last great epidemic, viz., that of 1865, was conveyed from Bombay to Makulla, on the southern Arabian coast, thence up the Red Sea to Mecca, thence to Suez, Cairo, and Alexandria, to the Mediterranean; and from Alexandria to Constantinople, Malta, Marseilles, and Southampton, England.

Bombay should have excited much more attention long ago than it received.

The cholera of 1817 started from Allahabad, at the junction of the Ganges and Jumna Rivers, reached the Marquis of Hasting's army, just below in the Bundlecund, was carried down to Nagpoor, and from thence to Poonah and Bombay, which it reached early in 1818, by means of troops passing to and from Bombay and Nagpoor to coöperate with the Marquis of Hastings.

There were nearly 16,000 cases of cholera in Bombay, from August 1818, to February 1819. In 1821, the Presidency of Bombay was again the seat of the disease, in its most mortal and malignant form; and it was carried over to the Persian Gulf by a convoy of English troops.

It returned again to Bombay in 1825, in great severity, and caused great alarm. Large cholera hospitals were built, and immense quantities of wood, tar, and gunpowder were burned, and large quantities of vinegar used as disinfectants. The epidemic of 1821 progressed up the Persian Gulf to Bushire, thence crossed Persia by way of Shiraz, Ispahan, and Teheran, to Tabrez and Tefhs, and from thence to Astrachan, in Russia, which it reached in 1823. At Astrachan the precautions of the Russian Government were so efficient that the disease was stayed, and did not reach that place again until the 19th of July, 1830, seven years afterward, when the old belief in contagion and infection having died out, the disease was allowed to spread to Russia, and also to Europe.

The cholera of 1829 at Bombay, was conveyed over the same route, but did not stop at Astrachan, for it was carried through to Poland and Prussia, to Hamburg, and from thence to London.

During the last year renewed attention has been paid to the frequency and extent of Hindoo pilgrimages, and their influence upon cholera. The river Ganges has been found to be dotted with holy places, from its mouth in the Bay of Bengal, to its source in the Himalaya mountains, at Hurdwar. At the mouth of the Hoogly, below Calcutta, is situated Saugar Island, the extreme point of which is considered by the Hindoos to make the junction of the Ganges with the sea, and is accordingly esteemed as one of the holiest spots in India. At a certain season of the year they flock thither in great numbers, for the purpose of bathing and offering sacrifices. There is much reason for the belief that the first great cholera originated here, and was carried up the Ganges, both to Calcutta and Jessore, although both of these places are filthy enough to generate cholera within their own limits. Several great festivals take place annually at Calcutta.

About 150 miles north of Calcutta is Gaya, the birth-place of Budda, and the scene of Vishnu's incarnation; a place annually visited by vast numbers of pilgrims. Near Patna is the remarkable mountain Junghera, rising like an island from the Ganges. It was formerly considered the holiest spot along the whole river, so that thousands of boats and larger vessels were

constantly to be seen there, as many Hindoos thought they could not die in peace without visiting it.

Benares, still further north, is the holy city of the Hindoos, of far greater sanctity to him than Mecca to the Musselman, or Jerusalem to the Jews, for here Mahadeo, the god of the Creative Principle made his last appearance on earth. It is so particularly sanctified, that all who live within a circuit of five miles, or visit it, go to Heaven, whether they wish to or not. The daily number of devotees on the banks of the river is 50,000, and at least 3 or 400,000 arrive annually at the great festival of Mala, in honor of Mahadeo; and the river is black for miles with the bathers' heads. The streets are both dirty and ugly. Many of them are so narrow that there is scarcely room for a palanquin to pass.

The Ganges waters near Benares is so holy that it is carried great distances below. Bayard Taylor found the road swarming with pilgrims, each carrying his two jars of Ganges water to his home. In one afternoon he passed thousands and thousands of the lowest and poorest castes thus employed.

Allahabad is 76 miles north of Benares, near the junction of the Jumna and Ganges. It is called the city of Allah, or the city of God, because it is believed that a third invisible river flows direct from Paradise and joins the Ganges here. The festival at Allahabad takes place in February. Bayard Taylor found the road thronged with pilgrims returning from it, and most of the women, as well as men, carried large jars of Ganges water suspended from poles. We can now for the first time understand the almost inconceivable rapidity with which cholera spreads along the Ganges, both up and down, when an epidemic once commences. It must also be remembered that *the influence of these pilgrimages is increased from four to ten-fold every twelfth year.* But these religious festivals occur not only along the Ganges, but also throughout all India, and not only every year, but almost every month in the year. Thus every temple, like those at Juggernaut and Conjeveram, has a festival on the anniversary of its dedication, which lasts ten days, and people assemble to it from all parts of India.

Great attention has been paid by the English authorities to the sanitary condition of the pilgrims to the great temples of Juggernaut and Conjeveram. Cholera used to occur at both these places, and notably so on the twelfth year. Both these places have great historical interest in connection with cholera. The great epidemic of 1781, recorded by Curtis, the only one which has been accurately described previous to 1817, originated in the neighborhood of Juggernaut, at the annual festival which takes place early in March, when the moon is of a certain age. Colonel Pearse's force of 5000 men was assaulted at Ganjam, only a few miles below Juggernaut, on March 22d, 1781, in the same terrible manner as were the forces of the Marquis of Hastings in the Bundlecund, *three times twelve*, or thirty-six years subsequently, viz., in November, 1817. The onset commenced with almost inconceivable fury. Men previously in perfect health dropped down by dozens, and those less severely attacked, were generally past recovery in less than twenty-four hours. The cramps of the limbs and body were dreadful, and the distressing vomiting and purging were present in all the cases. Besides those who died, over 500 sick accumulated in the hospital in the course of a few days, and in a short time more than one-half of the army was on the sick list. This epidemic forced its way up some 250 miles to the north-east to Calcutta, and occasioned a great mortality among the native inhabitants, and then pursued its path still further northward, but doubtless owing to the scantiness of the European population at that time, all attempts to trace its further progress are said to have proved fruitless; still it is well to notice that the third period of *twelve* years, or thirty-six years after, will bring us to the great epidemic of 1817; and the seventh period of twelve years, or eighty-four years, subsequently falls upon the last epidemic of 1865, a fact which I believe I was the first to notice.

The thanks of the Society were tendered to Dr. Peters for his able and interesting resumé.

Dr. M. Herzog remarked that Thiersch had recently established the interesting fact, that cholera was not communicable from one person to another in less than twenty days.

The experiments of Pettenkofer proved that sporules of cholera could not exist where there was a plentiful supply of pure water. In houses supplied with water-closets, no cases of cholera occurred in New York city in 1867. There were two exceptions to this, but it was found that in these cases the water-closets were defective.

He considered that the cause of the periodical increase of cholera had a deeper cause than the twelfth year theory, and was to be explained by the prevalence of rain and subsequent dryness forming a subsoil stratum of moisture. He considered that, during 1867, we were protected from the spread of the cholera by the plentiful and continuous rains which occurred during the whole summer, but as this will tend to establish a great rise in the subsoil water, he sincerely believed that we will be more in danger of cholera in 1868 than we have been in 1867.

Dr. Noyes, of the Committee on Portraits, reported favorable progress. A photograph of the Staff of the New York Hospital had been secured, and Dr. S. Katz had presented a valuable collection of portraits of the celebrated physicians and surgeons of France.

The Society then adjourned. M.

### Treatment of Whooping-cough.

The following mixture is proposed by M. Davneux, of Liège, as a prophylactic in whooping-cough. Ext. aconit., 1 grain; laurel-water, 1 drachm; syr. ipecac., 45 minims; sol. gum acac. 7 oz. Dose, a teaspoonful every hour to an infant, two teaspoonsful for a child above three years old, for adults, a tablespoonful. It should be given for eight or ten days, though no cough may have been manifested. The success from the use of the mixture is considerable.

# Editorial Department.

## Periscope.

### Treatment of Dysentery.

Dr. E. Montgomery makes the following judicious remarks on the treatment of dysentery, in the last number of the Saint Louis *Medical and Surgical Journal:*

In the remedial management of dysentery we should pay strict regard to the predisposing and exciting causes, and also to the particular symptoms, the quantity, quality, and frequency of the evacuations, and the length of time the disease has been existing. If the patient is seen early in the attack, and has copious, dark-colored stools, a few doses of one of the following mixtures will generally suffice to carry off the source of irritation and the disease at the same time. If there is pain in the stomach and bowels, the first prescription will be most applicable:

℞. Morphiæ sulphat., gr. j.
Magnesiæ sulphat., ℥j.
Syrup. rhei arom.,
Aq. menth. vir., āā f.℥iij. M.

S. A Tablespoonful every one or two hours until better.

If opiates are deemed unnecessary or disagreeable to the patient, the following mixture will generally suffice:

℞. Ext. hyoscyami, gr. x.
Sodæ et potassæ tart., ℥j.
Syrup. rhei arom.,
Aq. menth. vir., āā f.℥iij. M.

S. A tablespoonful every hour until relieved.

After either of the above mixtures act on the bowels and produce one or two easy alvine evacuations, nothing more will usually be required, if proper attention is paid to diet and hygiene; but if there is debility or mobility of constitution, a tonic astringent, such as tannin, hæmatoxylon, or catechu, may be prescribed. An occasional dose of bismuth, charcoal, or carbonate of soda may also be given as absorbents, antacids, or correctives.

In cases commencing with copious bloody stools, we must be very prompt and judicious with our remedies, or the patient will quickly succumb. Dry cups and counter-irritation all over the abdomen, injections of oak bark tea, and the administration of some preparation like the following, choosing that which we find most applicable:

℞. Strychniæ, gr. j.
Quiniæ sulphat., ℥ss.
Magnes. sulph., ℥j.
Acid. sulph. arom., f.℥iij.
Infus. flor. rosarum, f.℥x. M.

S. A tablespoonful every two or three hours.

Or—

℞. Acid. tannici, ℥j.
Acid. sulph. arom, f.℥ij.
Aquæ puræ, f.℥viij. M.

S. A tablespoonful every two hours.

Or—℞. Pulv. opii, gr. iij.
Plumbi acet., ℥ss. M.
Divide into six powders.

S. One every three hours in syrup.

In cases where the intestinal discharges are small and frequent, consisting of mucus or mucopurulent matter and blood, accompanied with great pain and tenesmus, one or two doses of the following pills will almost invariably cut short the disease:

℞. Pulv. ipecac.,' gr. xij.
Mass. pil. hydrarg., ℈ij.
Ext. hyoscyami, ℈j. M.
Divide into twelve pills.

S. Two every six hours until relief is obtained.

I here wish to enter my protest against the very common practice of giving repeated doses of mercurials, and continuing them for a considerable length of time in this disease. By this prolonged course we excite the biliary and intestinal secretions to an undue extent, and the consequence is that acrid discharges are made to course along the inflamed mucous membrane, thus adding fuel to the flames. As soon as we can substitute a free, easy, bilious discharge for the small, white, slimy, or muco-purulent stool, we have done all that we should expect to accomplish with mercurials, and their employment should at once be dispensed with. Bismuth and hyoscyamus, with suitable nutriment, will conduct the case to a happy termination.

In this form of dysentery one or two large doses of opium and ipecac. will frequently abort the disease at once. The patient is almost immediately relieved of the excruciating pain and tenesmus, the whole system becomes calm and composed, and in eight or ten hours a free and easy bilious stool is produced.

It remains for me to say a few words about chroinc dysentery. It will be observed that I have been treating of the acute form, and in the early stages, and that evacuants and antiphlogistics have occupied the chief place in my therapeutics; but in the advanced stages, and in the chronic form of the disease, I believe that astringents and tonics are the medicaments most to be relied on; and we ought to try the different ones in each particular case, until we find by actual trial the precise remedy or combination of remedies which will prove successful. Where there is much blood in the dejections, resembling flux or melæna, the aromatic or the dilute sulphuric acid will be found a most desirable remedy. The liquor ferri persulphatis is also very effective in these cases. In other chronic cases where blood is not the main constituent of the evacuations, the nitrate of silver, the sulphate of copper, and the solution of the pernitrate of iron will be found most applicable. I have been using the following prescription in this city for the past seventeen years, and I think it will be found very generally applicable and efficient:

℞. Strychniæ, gr. j.
Pulv. cupri sulphat., gr. iij.
Pulv. opii, gr. iij.
Pulv. rad. columbo, ℥ij.
Syrup. simp., q. s. Divide into xl. pills.

S. Two pills every 8 or more hours, *pro re nata.*

I have seen many very severe and tedious cases get entirely well under the use of these pills, and I can sincerely recommend a trial of them to the profession.

In mild cases, and in those of recent date, the tannic acid, the extract or decoction of logwood, the infusion of columbo root or of barberry, HOPE's dysenteric mixture, etc., etc., will usually prove sufficient when aided by proper dietetic and hygienic treatment. It will be well to remember that during the whole course of either the acute or chronic form, an occasional dose of some antacid absorbent will be highly necessary. But I did not intend to write an essay on the treatment of dysentery, but to raise my voice against the very common practice of pouring in large quantities of minerals, hot stimulants, and powerful astringents, in a disease so very amenable to a mild and rational medication.

### On the Bandage in Labor.

On the continent of Europe women very rarely have the bandage applied. The custom in this country seems also falling into disfavor, as the following extract from the Report of the Montgomery County Medical Society in the *Transactions of Pennsylvania Med. Society* indicates:

"BANDAGING PUERPERAL WOMEN. Dr. I. N. EVANS says: 'I seldom use the bandage after labor, as my experience in that direction for the last five years has been averse to its use. I believe that the comfort of parturient females is greatly promoted by its abandonment.'

"Dr. J. K. REID, who has a very large obstetric practice, says: 'On no occasion do I have a bandage applied. It is now several years since I discontinued the use of it, and I have been every year more and more confirmed in my belief that it is never useful, and often very injurious and hurtful to the patient. One case came under his notice in which great mischief and suffering were produced by its injudicious application.'

"Dr. A. STOKES JONES 'does not use it on any occasion, and cannot see any reasons for its use.'

"Dr. H. CORSON 'has not had a bandage applied for many years, and in no instance has any disadvantage resulted from dispensing with it, while, in many cases, ladies have expressed great gratification that they were saved from its use.' Here we find from physicians in large obstetrical practice, besides Dr. CORSON, not only dispensing with the bandage, but assuring us that it is a relief to the patients, who express themselves as being more comfortable without it. It is strange, indeed, that a practice so useless, and productive of no good, should have so long prevailed.

"Dr. CORSON says: 'You ask me if my convictions are the same as when I last wrote you, on the subject of bandaging puerperal women. They are, and I think it would be well to bring the subject before the State Society, and endeavor to elicit opinions on the subject. I think it belittles the physician who directs or practises it; indicating either ignorance of mechanical or physiological laws, or moral cowardice, in view of the innovation.'"

### Medical Patents.

Some weeks since, we said what we had to say on this subject, and did not intend to revert to it. Nor shall we. But as our views were challenged by more than one, we are glad to make the following extract on this topic from the leader of the *British Medical Journal* for Nov. 2.

In the olden time, medicine was not only reckoned, but was one of the learned professions, whose votaries dealt, like the lawyer, in advice, which was the product of much study, and more or less of experience and careful observation, influenced, no doubt, and often unduly biassed by the dominant theory. The doctor's advice, unlike the lawyer's, which had mainly to do with the property, touched chiefly the health and the lives of his clients; and the subject of his research was so mysteriously complex, that the most puzzling problems of law, whose glorious uncertainty has passed into a proverb, were but child's play in comparison. When the difficulties were so great, the issues so momentous, and the risks of error, both in theory and practice, so formidable, little wonder that each individual was anxious to get from his brethren, and ready to give to them, as much information as he could on every subject connected, however remotely, with the healing art. Shrewdness and skill in diagnosis, and the application of remedies, were personal and incommunicable qualities, which necessarily and rightly told in favor of the individual; but whatever was communicable, whether in theory, the results of practice, the discovery of new medicines, or the invention of new instruments, was freely and ungrudgingly cast into the common treasury—all the good working heartily together for the good of all. The individual was thus, in a real and substantial sense, merged in the brotherhood, whose acquisitions, material, scientific, and moral, were all unreservedly and cheerfully consecrated to the cause of suffering humanity.

In the interest of our species and of our sacred calling, we thank God that this happy and beneficent freemasonry has not ceased to exist among us; that boastful self-assertion has not yet become the rule of our order; and that we have not yet adopted a system of trade-marks for every medicine discovered or newly applied, or for every instrument invented by ingenious members of our profession. But things are not altogether as they once were, or as we could wish them to be. It is long since the introduction of the trade in drugs imparted to our profession a commercial aspect, which many are now endeavoring to efface by reverting to the old custom of charging for the advice, and not for the medicines they supply to their patients. But the practice of advertising, in all its varied forms, is of much more recent origin, and has always met with our decided opposition. In the shape of the "puff biographical," it reached, about fifteen years ago, a height that was at once laughable and revolting, and aroused a storm of indignation that seemed to render hopeless the revival of any scheme of contemporary biography in our time. It has, nevertheless, been revived in a modest

way, and under distinguished patronage, though, happily, with doubtful success. In the shape of the "puff scientific," it is in urgent request; so that nothing is more common than to see trifling *brochures* on "taking" subjects, wonder-working emulsions, and various other windbags, incessantly paraded in the advertising columns of the medical and other journals, till one cannot help thinking, not of the unobtrusive "labels on Bass's beer-bottles," but of "Brown and Polson's Oswego Flour," "Thorley's Food for Cattle," "De Barry's Revalenta Arabica," and such like announcements, which vex the weary eye at every railway station, and in countless omnibuses, coffee-rooms, and places of public resort, throughout the kingdom. And now, *a propos* of "medical patents," we are challenged to answer the question we have been silently and sorrowfully putting to ourselves for many a day: Is all this in keeping with the genius of medicine?

And we answer, unhesitatingly and emphatically, no; all the more emphatically because the challenge comes from one whose ability and outspoken honesty command our respect, and may secure him a hearing in quarters where the common herd of advertisers would be passed by unheeded. The liberal spirit of medicine counsels every discoverer of a new remedy to make it known and thoroughly accessible to all the world, for the benefit of his suffering fellow-creatures. The patentee stops the way with the assertion of his exclusive privilege, and a demand for his "royalty." Every patented invention is a nostrum. A medical patent differs from a secret remedy only in degree. It proclaims the remedy, but says, You shall get it only through the inventor, who may effectually check any improvement by a threat of action for infringement of patent right, and thus defeat the sacred claims both of medicine and humanity. It is puerile to compare such an exclusive privilege with that of copyright. An eminent physician has a right to lay out his time and talent as he thinks best. He may decide on employing it in obtaining for himself the largest possible income. His known skill and mastery of his art will secure him any number of fees he may aspire to, without subjecting himself to the toil and irksomeness of authorship. But he desires to be a benefactor, not only to his brethren, but to universal humanity, so he decides on publishing the results of his experience, that others may profit thereby. It is doubtful whether the sale of his work will more than cover the cost of its publication, and it contains, it may be, a multitude of hints that will prevent his being consulted, by enabling his professional readers to act on his written counsel, and dispense with his living presence. Let any man answer for himself the question, Which would have been greater, the fees without the authorship, or the proceeds of the copyright? In short, authorship is the most effectual way, not of securing to himself, but of putting the whole world in possession of the fruits of the labor and experience, and matured thought of many years. Such a work as that of Sir Thomas Watson is a magnificent contribution to the welfare and happiness of mankind.

"No Fellow or Member of the College (of Physicians) shall be engaged in trade." If any further justification of this wholesome regulation were needed, it will be found in the following words: "The State confers exclusive rights in the shape of patents, not merely as a reward to the inventor for the invention, but *as an encouragement* (the italics are ours) *to him to expend his energies in directing public attention to it;* for no one is so likely as himself to do this, if his remuneration for it is dependent on the extent to which it is made known." In other words, self-assertion and incessant advertisements are the high road to success of a medical patentee. Yet surely, if our old-fashioned notions have any truth in them, this is not the way to earn a patent of true nobility.

# Reviews and Book Notices.

## NOTES ON BOOKS.

Of the several introductory discourses delivered at the recent openings of the various medical colleges which we have received, none equal in interest that of Professor S. D. Gross, at the Jefferson Medical College, Philadelphia. It is entitled, "Then and Now," and compares the present state of medical science, in its different branches, with what that same science was some forty years ago, when the distinguished speaker was a student. It reviews in the most complete manner the progress of discovery, and draws, with the pen of a master, the rapid advance which has characterized the last half-century. It has been published by the class in a neat pamphlet of forty-four pages, and should be obtained by every physician.

"The Physician's Hand-Book for 1868, by Wm. Elmer, M. D.," is carefully revised and largely re-written. It is a favorite with many of the profession, and is still better now than previously.

We also acknowledge the Annual Address before the Medical Society of the State of New York, Feb. 6th, 1867, by Jos. C. Hutchinson, M. D., of Brooklyn, President. Its subject is, The Moral Power of the Profession instead of Legal Enactments, the best Agency in effecting Medical Reform. It is an able defence of this view of the question.

"The Thirty-first Annual Report of the officers of the Vermont Asylum for the Insane, August, 1867."

"Ninth Annual Announcement of the Chicago Medical College," which shows that that institution is in a prosperous condition.

Medical and Surgical Reporter.

PHILADELPHIA, NOVEMBER 30, 1867.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

### NOTICE TO SUBSCRIBERS.

From the 1st of January, 1868, we shall strictly enforce again, our old rule requiring payment in advance. For reasons given some years since, pre-payment has not been insisted upon—but the circumstances of the country are now such that we feel warranted in again requiring it.

☞ Those who have not yet paid for the current year, will please remit immediately. There are several thousand dollars due on current subscriptions, which must be paid soon to insure a continuance of the REPORTER to the delinquents. The amounts are insignificant to subscribers, but the aggregate is large enough to be embarrassing to us.

### THE PHYSICIAN'S DUTY.

Most cases to which physicians are called would get well without them; a small minority will die in spite of all they can do; a somewhat larger minority are of such medicable nature, that though they would die without medical aid, with it they recover; in *every* case, whether the inherent tendency be to death or to life, and whatever the result, the intelligent physician, with the means now at his command, can allay pain, diminish the hours of suffering, encourage the flagging spirits, and bring a ray of sunlight into the sick-room. Here, after all, does he find his legitimate and most useful sphere. A century ago, the whole medical world, even yet the public at large and certain classes of irregular practitioners, yes, we may add, not a few educated physicians who should know better, still think that the most important object of medical science is *to cure disease.* Far from it. To *prevent* disease, to allay suffering, to war against false and injurious practices, these are the infinitely higher aims which medicine now sets up as its highest duties. This is incredible to the vulgar mind. DICKENS says, in reference to the English law, that people complain of its obscurity and uncertainty, but if they only look at it rightly, it is all strictly consistent with the fundamental maxim of the English bar—to *make business.* This is clear and comprehensible to common minds. But how can they understand that the physician's aim is to lessen as much as possible the need of his services? It were certainly difficult to parallel this with any other avocation; equally difficult to make the public believe that it actually inculcates such teachings. This difficulty is not lessened when physicians themselves insist that their business is like any other trade, subject to the same rules, and to be conducted on like principles.

Yet the difference is manifest. How many million dollars, we should like to ask, has the profession lost by the introduction of disinfectants? By the adoption of methods of ventilation? By the instruction given in general hygiene? All of them due to the knowledge and perseverance of the doctors. If the cholera had not been arrested, it would have added bounteously to our bank accounts these last two years. Yet who but ourselves arrested it? Who but regular, scientific physicians, given to no exclusive theory, neither eclectics, nor homœopathists, nor patent medicine men? We may have to wait long for public recognition of these services, or for adequate comprehension of them by even educated men in general; but, fortunately, they were never performed in hope of *that* reward.

## Notes and Comments.

#### Cholera and Yellow Fever.

These diseases still linger in some parts of our country, and on our border. Fifteen deaths occurred at Memphis, Tennessee, last week from yellow fever. It seems, however, to have subsided in New Orleans, and on the Gulf coast. In Havana, there seems to have been a sudden and somewhat severe outbreak of cholera which has occasioned some contention between the authorities and the medical profession as to the nature of the disease. In support of the profession, however, it is stated that from October 19th, to November 14th, 241 deaths from cholera occurred in that city.

#### Anxious for Notoriety.

A correspondent, not a physician, from one of the principal cities of Massachusetts, sends us on a number of slips from the local papers, illustrating to what a comical degree occasionally a surgeon will levy on the columns of newspapers to make the most of an operation. It reminded us of the young doctor in DICKEN'S novel, who displayed such an amazing fertility of "dodges" to get into practice.

The surgeon in question first has inserted under the title "Dreadful Accident," the account of a man who in the mills, had suffered laceration of both hands, and his operation of double amputation is added in leaded type. Next comes a paragraph announcing that at the hospital reamputation was deemed necessary. The

next day, the *surgeon himself* sends word to another paper correcting that statement, by the counter statement, that only one arm was re-amputed. A few days more, and still another paragraph announces that re-amputation of both arms was performed.

There may here have been misunderstandings; but there may have also been collusion, and our correspondent urges the latter view. At any rate it was a "big thing" for the surgeon to get advertised so cheaply.

### Eulogy upon Dr. Valentine Mott.

A Eulogy upon the Life and Character of the late Dr. Mott, will be delivered by Professor Gross, in the Hall of the Jefferson Medical College, on Thursday evening, December 5th, at 7½ o'clock. We hope there will be a large attendance on the occasion.

### St. Mary's Hospital.

This addition to the hospital accommodations of Philadelphia, is located at the corner of Frankford Road and Palmer street, opposite the "Kensington Depot. It was purchased last year by the sisters of St. Francis, and the hospital opened for the reception of patients in August, 1866. The lot is 80 by 110 feet, and the hospital building, built of brick, is 40 by 110 feet. There are medical, surgical, and lying-in wards, whose capacity is 80 beds. The present number of beds is 60, patients 50.

This hospital is *par excellence*, a charitable institution, no cases being rejected when it is possible to relieve them.

The following gentlemen compose the Medical and Surgical staffs of the hospital:

J. Cummiskey, M.D. A. D. Hall, M.D.
W. L. Wells, M.D. Geo. H. Harlan, M.D.
C. P. La Roche, M.D. W. W. Keen, M.D.
R. W. Hargadine, *Resident Surgeon.*

### Practical Instruction in Ophthalmic Surgery.

Wills Hospital, in our city, affords the best means in this country to obtain a practical knowledge of Diseases of the Eye. It is well endowed, has been many years established, and the attending surgeons are all well known for their ability, especially in this department of surgery.

Dr. R. J. Levis is now giving a very important practical course of lectures in the hospital on the Anatomy of the Eye, the Physiology of Vision, Ophthalmoscopic Diagnosis, Optical Defects of Vision, and the Pathology and Surgery of the Eye. The lectures are illustrated by cases, and by dissections, models, drawings and optical apparatus.

☞ Dr. W. B. Atkinson, Permanent Secretary of the American Medical Association, has removed to S. W. corner of Broad and Pine streets, Philadelphia.

# Correspondence.

## DOMESTIC.

### Clifton Hall.

[We have received the following note from a personal friend, with a request that we give it publicity. The limited accommodations for certain classes of the insane in Eastern Pennsylvania, and indeed in every section of the country, will justify a second allusion, by a disinterested party, to Dr. Given's establishment.—Eds. Med. and Surg. Rep.]

Editors of Medical and Surgical Reporter:

I was pleased to notice in your issue for Nov. 9th, a very modest note from Dr. R. A. Given, the proprietor of the private hospital for Insane at Clifton, and it affords me pleasure to say that I know of no place where insane patients may meet with better care, and more skilful treatment than they may find at Clifton Hall. I have visited Dr. Given's establishment on several occasions, and have been impressed with the air of quietness and retirement that pervades it. Do insane persons require a retreat where they may have the domestic associations of family preserved to them, in so far as that is practicable, away from their own home? If they do, Dr. Given can furnish them such a retreat.

Do the friends of insane patients desire to place them under treatment that shall be as free as possible from the forbidding restraints that are necessary in much larger institutions? If so, they can find at Clifton Hall a home-like establishment.

It has been too fashionable to object to private establishments for the cure and care of infirm persons, but this objection has grown largely out of the fact, that in foreign countries such establishments have been abused, and the liberty of inmates unjustly restrained, etc., but in this country, where the personal liberty of every citizen is sacredly protected by the laws of the land, there can be no valid objection made to institutions of the character referred to.

In free America the objection lies much more against large establishments, where those who control them are further removed from the public eye, and where the machinery of their organiza-

tion is necessarily cumbersome, and requires much labor and time to keep in easy working order. I trust, Messrs. Editors, that the profession of the country will think of this question, and see to it, that the advantages of private institutions for the treatment of our patients, who suffer from mental diseases, may not be overlooked, because they are modest in the presentation of their claims upon professional notice.

*Nov.* 17, 1867. OBSERVER.

### Snake Story.

EDITORS MEDICAL AND SURGICAL REPORTER:

You refer, in your last week's issue of the REPORTER, to the *snake story*, which first appeared in the "*Carlisle Herald*" and which has found its way into nearly every newspaper in the country. The whole matter is so ridiculous and has been so much exaggerated, that it was deemed unnecessary to contradict or deny it, believing that, with the people generally and with physicians particularly, there would be none found to give it credence.

But, as you invite any of the "thirteen physicians" who may be readers of the REPORTER, to give an account of the consultation, etc., I will undertake to write out a synopsis of the proceedings, for the benefit of your readers and the public generally, and in vindication of the character of the *thirteen physicians*, who, voluntarily and without any intention of asking remuneration, assembled at Mr. WHISLER'S residence, in Mifflin township. The meeting was arranged by Drs. AHL and CLAUDY. We spent about an hour with the boy, who is about twelve years of age, and has been unwell for two or three years. During our stay, he had four convulsions, partially voluntary, we thought. Of these he has had frequent attacks of late. We found no excitement of the pulse; respiration regular; heat of skin natural; bowels inclined to costiveness; urine natural, but voided at times rather infrequently. His food, for a time, consisted mostly of vegetables, such as apples, peaches, etc.; latterly, however, he has been drinking pretty freely of milk.

Examining his case as critically as it was possible under the circumstances, we concluded that the chief cause of all his troubles, is to be found in the cerebro-spinal system of nerves, which have lost their equilibrium by reason of some organic changes in the centres whence they originate.

We did not institute a course of treatment. The parents are impatient, unstable and extremely sympathetic; so much so, that we felt satisfied they would not—as in the past they had failed to do—adhere to and carry out any regular systematic course of treatment. Several of us in turn had been consulted and treated the case, but without satisfactory results, owing to the reasons just mentioned.

Our impression is, that, if the boy had been or were placed under restraint—say in a hospital—and subjected to rigid hygienic measures and a thorough course of medication, he might be cured. But, as matters are, the result is not likely to be favorable.

I have only to say, in conclusion, that we do not believe the boy's stomach is the abode of a *snake;* nor did we think otherwise previous to the consultation; and consequently, it need hardly be said, the idea of cutting open the little fellow's stomach was never even thought of, much less suggested by any of the "thirteen," who are all regular physicians, and every one of them members of the CUMBERLAND COUNTY MEDICAL SOCIETY. GEO. W. HALDEMAN.

*Newville, Nov.* 23, 1867.

### Sulphate of Iron as a Styptic.

EDITORS MEDICAL AND SURGICAL REPORTER:

I have seen in several of your back numbers, remarks on persulphate of iron as a styptic.

I wish to state the outlines of a case that came under my care, while in charge of wards at the U. S. A. McClellan General Hospital, Philadelphia. I. W. Calvert, 1st Serg., Co. I, 61st P. V., wounded 2d April, 1865. When he entered the hospital the parts were swollen and discharge fœtid. I should have remarked that the wound was made by a minnie ball, entrance at the lower and internal border of the right scapula, exit lower and external border of the left scapula. Without making any remarks as to the treatment and the course of the ball, suffice to say, that after some short time hemorrhage occurred at exit wound. All the various remedies were used that more than a dozen surgeons could suggest, without avail, until Dr. WELLS of your city suggested persulphate of iron. I made a strong solution, and using a glass ℥ij. syringe, injected about f.℥ss. into the wound, and of course the lungs, and as often as the hemorrhage would commence the injection was used. With continued diligence the patient gradually recovered; I have used it many times since, and always with success. W. NODEN, M.D.

*Roseneath, C. W., Nov. 18th,* 1867.

—— Dr. E. S. CONNOR accepts the Chair of Medical Chemistry in the Medical College of Ohio, vice Dr. ROBERT BARTHOLOW, resigned.

# News and Miscellany.

### The Late Dr. Wilson Jewell.

Extract from the minutes of a special meeting of the Philadelphia County Medical Society, held Nov. 7th.

*Whereas*, the Philadelphia County Medical Society has learned with profound regret of the sudden death of Dr. Wilson Jewell, one of its Censors and an Ex-President, it is eminently proper, that the Society should give expression to the sense of esteem in which he was held by it. As a member of the Society, he was ever active and efficient in promoting the objects of its creation from its earliest history; he being one of its founders.

In the success and progress of the Society, and in all its efforts to give dignity to, and to infuse into the profession the highest standard of medical ethics, he took a most lively interest; in the deliberations of the Society, as well as the discussion of medical hygiene, and other subjects introduced at its meetings, the Doctor actively participated, adding to the fund of information much matter of usefulness and interest, gleaned from a long continued practice of his profession. Not only was his efficiency and deep interest manifested as a member of this Society, but also, as its frequent representative as a delegate to the American Medical Association, and to the Medical Society of the State of Pennsylvania, in both of which bodies he held and faithfully discharged the duties of their highest offices.

Dr. Jewell was also the originator of the National Quarantine and Sanitary Convention, and its first President. In all matters appertaining to quarantine and public hygiene, he took very decided interest, so much so indeed, as to cause him to be regarded as one of the most prominent sanitarians of this country.

Dr. Jewell's strict adherence to the ethics of the profession, his *esprit du corps*, his long continuance in the active duties of his profession, his industry and perseverance in promoting the great purposes of his calling, exhibit him as a truly representative man. His public spirit as a citizen, his uprightness, his high moral, domestic and social qualities, were such as to win admiration and invite emulation. Now therefore be it

*Resolved*, That this Society recognises the fact, that in the death of Dr. Jewell it has met with a very positive loss; that the profession of medicine and society have had withdrawn from them a very useful member and a high toned moral, public-spirited citizen.

*Resolved*, That a copy of the foregoing, duly signed by the officers of the Society, be transmitted to the widow of Dr. Jewell.

Attest, W. B. Atkinson,
*Recording Secretary.*

### Bronchitis in England.

Dr. Parsons of Dover, England, calls attention to the increase of bronchitis in England. In 1854 there were in England 51,284 deaths from phthisis, 20,062 from bronchitis; in 1863, from phthisis, 51,072, from bronchitis, 32,025, that is in 1854, 1,092 deaths per 1,000 from bronchitis; in 1863, 1,574 per 1,000.

He attributes this increase to "indiscretion," *e. g.* among men, hurrying from their breakfast to town by early trains, working hard through the day, without food, etc.; among women, exposure to draughts in halls and rooms, and in passing to and from carriages and warm rooms, delay in putting on winter clothing, and similar causes.

### New York Society for the Relief of the Ruptured and Crippled.

During the month of August last, five lots of ground (125 by 100 feet) have been purchased, on the northwest corner of Lexington Avenue and Forty-second street, for the purpose of erecting thereon a hospital for the surgical treatment, and education whilst under treatment, of crippled children—many of whom will be detained three or more years for cure. There will also be a department for the treatment of out-patients, furnishing them with surgico-mechanical appliances, and keeping the apparatus in repair whilst under treatment. All this will be free of charge to the indigent; and to those able to pay, a charge will be made to meet their circumstances, when so desired. The amount received from patients is handed to the Treasurer of the Society, and contributes to the support of the institution.

In our present very limited sphere the labors have been as follows:

The number of patients treated the first year was 828; the second year 965, showing an increase of sixteen per cent.; the third year the patients numbered 1489, or an increase of fifty-four per cent.; and during the fourth year, ending May 1st, there were 1684 cases, which is equivalent to thirteen per cent.; and the whole number who had received the benefits of the institution up to that period was 4966.

These figures are important and significant. They show that as the society grew in public knowledge and favor, there was a large and rapid increase of cases. In the fourth year, however, the increase was only thirteen per cent. over the preceding. This was not owing to a paucity of cases, for of these there was a steady increase, but to the society's inability to receive or treat a greater number without enlarged means and accommodations.—*Extract from Remarks of Dr. James Knight at the Collation of the N. Y. County Medical Society.—New York Medical Record.*

### Exercise and its Effects.

Mr. Archibald Maclaren, in a volume entitled "Training in Theory and Practice," speaks of the immediate effects of exercise on the muscles most actively engaged at the time. He found the law of development strongly demonstrated in a long pedestrian tour, extending over nearly four months, in which the average per day on foot exceeded nine hours, and usually with a knapsack weighing twelve pounds. During this time the chest fell from 41 to 39½ inches in circumference; the upper arm from 14½ to 13¾; the lower arm remaining unchanged at 12½ inches. The lower limbs, on the contrary, were

greatly increased—the calf of the leg passing from 16 to 17¼ inches; and the thigh from 23¼ to 25 inches. Often recorded examples to the same purport are seen in the great development of the legs of dancers and the arms of a blacksmith, etc.

### Boat Racing.

The *Lancet* reviews the discussion that has lately appeared in the London papers on the subject of the injurious effects upon the system of boat-racing. Mr. Skey and Mr. Hope bring the charge that the violent exertion of a rowing-match may cause rupture of the heart, and often does cause its dilatation; and also produces consumption and other pulmonary difficulties. Mr. Willan, and another gentleman, signing himself "Broad Blue," answer that the training previous to a race is a safeguard against these accidents. The *Lancet* deems the danger a real one, owing to the short, spasmodic, respiration that the quick racing-stroke necessitates, and claims also that the training rather lessens than increases the vigor of a crew. This is a topic of considerable interest both in England and in our own country, where so large a number of our collegiate undergraduates engage in this sport. No amusement is so healthful, provided it is free from these attributed dangers; but if it is really breaking down the constitutions of the most promising class of our young men, certainly it ought to be discouraged. For our own part, we think the danger is exaggerated, and that much of the debilitation attributed to the struggle is really due (with perhaps something to be charged to the muscular immaturity of the contestants) to the previous Bantingism of the training. It is strange that a man's strength should be supposed to increase while he lives upon a restricted diet, and sleeps between feather beds, and indulges in similar amusements. To escape the accidents so much insisted upon by the papers alluded to, we think the best means to be a generous diet, and plenty of practice in the boat, with no training, so-called. (*Medical Gazette.*)

### The Cause of Scurvy.

The general view that scurvy is produced by an excess of common salt in the blood, occasioned by a diet of salted meat exclusively, has received some confirmation, says the *London Review*, in the experiments lately conducted by M. Prussak of St. Petersburg. M. Prussak placed the web of a frog's foot under the microscope, so as to observe the passage of the blood through the smallest blood-vessels. He then injected a solution of salt beneath the frog's skin, and watched the effect on the vessels. He perceived that the blood-corpuscles distended the vessels, and gave rise to the patches of dark-coloured extravasations, extremely like the peculiar livid blotches seen on the skin of scorbutic patients. Experiments on dogs and other animals appear to give the same results. It now remains to be shown why common salt should possess this peculiar action on the blood-vessels. Most probably the explanation will be found in the excessive osmosis which occurs owing to the increased density of he blood.

### Effect of the Absence of Sound upon the Mind and Sense of Hearing.

Dr. H. Ralls Smith, of Louisville, Kentucky, in the course of certain investigations, has established the truth of the theory that the permanent denizens of the Mammoth Cave are not only without a trace of the optic nerve, but are also destitute of the sense of hearing. Dr. Smith at one time penetrated about four miles into the interior of the cave, and some four hundred feet below the surface of the earth. The effect upon him of the solitude and total absence of sound, he states, was very distressing, and almost insupportable, resulting in a very perceptible, although temporary defection of hearing and aberration of mind. This explains the fact why persons lost in the cave for one, two, or three days, have always been found, when rescued, in a state of temporary insanity. The mind and special senses, deprived of their natural pabulum and stimulus, gradually become weakened, paralyzed, atrophied, and finally, as far as external manifestations are concerned, nearly, if not quite, extinct. These investigations may afford some clue to the cause of cretinism in the deep gorges of the Alps.—*Med. Record.*

### Another New Anæsthetic.

A new and valuable agent, whereby surgical operations are painlessly performed, without the risk which has hitherto attended chloroform, has just been discovered, and freely published by Dr. Richardson, of England. In the current number of the *Medical Times* it is stated that in one case perfect insensibility was produced in four minutes; in the second case in about six minutes; in both instances where it was used the patient glided, so to speak, into complete anæsthesia without a struggle. This valuable remedy is the bichloride of methylene, which differs from chloroform in the rapidity with which it produces perfect insensibility. In one case in a warm room the vaporization of the fluid was so rapid that frost was produced on the inhaler.

### Prophylactic in Cattle Pest.

Recently the chloride of copper has been employed in Germany as a prophylactic in the cattle pest. It is administered in solution and by fumigation. The proportions are chloride of copper eight grammes, alcohol two kil. With this preparation, a handful of cotton is dampened, and burned twice a day in the animal's stalls where they can breathe it. At night the liquid is burned in a sort of lamp.

For internal administration, fifteen grammes of chloroform are added to the above, and a teaspoonful of the mixture given daily in the food. Further, the litter and the floor are sprinkled freely with the liquid. These precautions, it is said, have been of great service in the last epidemic of the rinderpest.—*L'Evénément Medical.*

—— Dr. Anthony O'Reilly, of Springfield, Massachusetts, has sued Dr. F. D. Mueller, of the same city, for $5000 damages, for disparaging remarks touching O'Reilly's professional ability.

*[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]*

## MARRIED.

Barclay—Brown.—Nov. 5th, 1867, by Rev. W. W. Woodend, assisted by Rev. A. Donaldson, D.D., W. Frank Barclay, M. D, and Miss Emma S. Brown, both of Saltsburg, Pa.

Cole—Wait.—Nov. 14th, 1867, at the residence of the bride's father, by Rev. B. B. Beckwith of the Presbyterian Church, Mr. Alfred L. Cole, commission merchant, of New York city, and Katharine Ann, second daughter of Dr. Samuel C. Wait, of Gouverneur, N. Y.

Dreher—Miller.—At the residence of the bride's parents, on Thursday, Nov. 7th, by Rev. S. Ritz, Dr. J. C. Dreher of Norton, O., and Miss M. E. Miller, of Smithville, Wayne co., O.

Jerauld—Leslie.—Nov. 6th, by the Rev. W. H. Carter, (Episcopal) at Idlewild, the residence of the bride's father, H. C. Jerauld, of Minneapolis, Minn., and Miss Ella Leslie, daughter of Dr. A. Leslie, of Petersburg, Ind.

Meschter—Krieble.—Nov. 21st, at the residence of the bride's parents, Franklinville, Montgomery co., Pa., by the Rev. Jacob Meschter, D.D., assisted by Rev. Geo. Master Dr. Geo. L. Meschter, of Philadelphia, and Mary, only daughter of Charles Krieble, Esq.

Moore—Lueder.—At the house of the bride's father, Oct. 29, 1867, by Rev. A. J. Van Cleft, J. H. Moore, M. D., of Mill City, Pa., and Miss Mattie J. Lueder, youngest daughter of C. F. Lueder, Esq., of Hanover, Pa.

Raefle—Bunce.—In the city of New York, Nov. 13th, by the Rev. E. W. Hitchcock, Maximilian G. Raefle, M. D., of New York city, formerly U. S. Navy, and Miss Sarah O., third daughter of the late Dr. James Bunce, of Galesburg, Ill.

Reeder—Harris.—In the Presbyterian Church, Woodbury, N. J., on the 14th inst., by the Rev. Franklin D. Harris, assisted by Rev. Henry F. Lee, Silas A. Reeder, M. D., of Chicago, and Miss Anna M. Harris, daughter of the officiating clergyman.

Tucker—Tully.—On the 13th of Nov., 1867, at the residence of the bride's father, Dr. W. Tully, in Williamstown, K., by the Rev. Geo. W. Smith, Mr. G. W. Tucker and Miss L. A. Tully, all of Grant co., Ky.

Weyman—Cammann.—Nov. 19th, at Trinity Chapel, N. Y., by the Rev. Arthur Mason, Charles S. Weyman and Margaretta M., daughter of the late Dr. George P. Cammann.

Wilson—McClure.—At the house of Robert McMullin, Esq., near Rainsboro, O., Nov. 5th, by Rev. Alex. H. Young, of South Salem, O., James L. Wilson, M. D., and Mrs. Margaret J. McClure, both of Greenfield, Ohio.

Woodall—Hamilton.—At the Presbyterian Church at Odessa, Del., Oct. 29, 1867, by the Rev. John Crowell, Brevet Brigadier General Daniel Woodall, of Easton, Md., and Miss Eliza C. Hamilton, daughter of Dr. W. N. Hamilton, of Odessa, Del.

## DIED.

Brockway.—At Clinton, N. Y., Nov. 18, Harriet A. Bonesteel, wife of A. Norton Brockway, M. D., of Harlem, aged 35 years.

Griscom.—In New York, Nov. 10, Edward Peale, eldest son of John H. Griscom, M. D, aged 27 years.

Eels.—At Lithopolis, Fairfield co., Ohio, Oct. 28th, 1866, of albuminuria, George E. Eels, M. D., aged fifty-four years.

Dr. Eels died in the harness—a sacrifice to his friends and patrons—in whom they have lost one whose character, as a physician and gentleman, combined more of the elements of true greatness than is usually allotted to mortal man. A sound thinker or theorist, with most excellent practical abilities, untiring industry, with an honest, warm, and philanthropic heart, were the characteristics which made him the favorite of all classes. "After life's fitful fever, he sleeps well." H. L. C.

## OBITUARY.

### The late Professor Robert Watts, M. D.

At a meeting of the students of the College of Physicians and Surgeons, held in the Hall of the College, October 18, 1867, the following preamble and resolutions were adopted.

*Whereas*, We, the students of the College of Physicians and Surgeons, have heard with sincere regret of the death of our late Professor of Anatomy, Dr. Robert Watts, and

*Whereas*, We ever found in him an able and efficient instructor, a true and sympathizing friend; therefore be it

*Resolved*, That while we would ever recognize the will of an All-wise Providence, we deplore the death of one so eminently qualified by rare mental attainments, and by the naturally pleasant traits of his character, for the position, the duties of which he so long had faithfully performed.

*Resolved*, That we tender our heartfelt sympathy to the family of the deceased, and we would comfort them with the assurance that he has left behind him many enduring fruits of a useful and well spent life.

*Resolved*, That as a tribute of respect to the memory of our late Professor, we, as a class, attend his funeral, and wear a badge of mourning for thirty days.

*Resolved*, That a copy of these resolutions be sent to the family, and also that they be published in two of the New York daily papers, and in two of the leading medical journals of the United States.

Frank W. Rockwell,
John J. Prendergast,
Willard Parker, Jr.
*Committee.*

## ANSWERS TO CORRESPONDENTS.

*Dr. J. N. R. of Nebraska.*—We will cheerfully make the exchange you wish, but we should have to charge you with the expressage. Your order for the brace has been attended to.

*Dr. P. M. G., of Iowa.*—Waring's Therapeutics sent on the 16th, by mail.

*Dr. W. F. B., of Kansas.*—Garratt's smaller work on Electricity sent you by mail on the 16th. It contains all that is valuable in his larger volume. You have with us a balance of $4.

*Dr. C. B., of N. Y.*—The books you ordered were sent by express, on the 16th.

*Dr. W. M. T., of Pa.*—"Will you be so kind as to tell me in what manner 'raw flesh and brandy' are exhibited in the treatment of phthisis pulmonalis—I mean how prepared, and what quantity taken?" The flesh—lean, but well-fed beef—should be chopped very fine or grated, and may be seasoned and taken without any addition, to the extent of two pounds a day for an adult, though, of course, less quantities, half a pound to a pound, will generally suffice. The brandy is taken after eating, either plain or as punch, etc. The raw meat is very valuable in dysentery and marasmus also.

## METEOROLOGY.

| November, | 11, | 12, | 13, | 14. | 15, | 16, | 17. |
|---|---|---|---|---|---|---|---|
| Wind | S. | N. W. | W. | N. W. | N. W. | S. W. | W. |
| Weather | Cl'dy. Rain. | Clear. | Cl'dy. | Clear. | Clear. | Clear. | Cl'dy. |
| Depth Rain | 4-10 | | | | | | |
| *Thermometer.* | | | | | | | |
| Minimum | 43° | 35° | 36° | 27° | 32° | 31° | 30° |
| At 8, A. M. | 52 | 40 | 37 | 35 | 40 | 42 | 37 |
| At 12, M. | 54 | 44 | 43 | 53 | 45 | 53 | 47 |
| At 3, P. M. | 57 | 45 | 43 | 53 | 46 | 53 | 67 |
| Mean | 52. | 41. | 39.75 | 42. | 40.75 | 44.75 | 45.25 |
| *Barometer.* | | | | | | | |
| At 12, M. | 30.1 | 29.9 | 30. | 29.7 | 30.4 | 29.9 | 30. |

*Germantown, Pa.* B. J. Leedom.

PHILADELPHIA

# SUMMER SCHOOL

OF

# MEDICINE,

No. 920 Chestnut Street, Philadelphia.

ROBERT BOLLING, M.D.
JAMES H. HUTCHINSON, M.D.
H. LENOX HODGE, M.D.
EDWARD A. SMITH, M.D.
D. MURRAY CHESTON, M.D.
HORACE WILLIAMS, M.D.

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The Philadelphia Summer School of Medicine will begin its fourth term on March 1st, 1868, and students may enjoy its privileges without cessation until October.

The Regular Course of *Examinations* and *Lectures* will be given during April, May, June, and September.

FEE, $50.

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OFFICE STUDENTS will be received at any period of the year; they will be admitted to the Summer School and to the Winter Examinations, and Clinical Instruction will be provided for them at the Pennsylvania, Philadelphia, Episcopal, and Children's Hospitals. They will be given special instruction in the Microscope, in Practical Anatomy, in Percussion and Auscultation, in Practical Obstetrics and Pathology. They will be enabled to examine persons with diseases of the Heart and Lungs, to attend Women in Confinement, and to make Microscopical and Chemical Examinations of the Urine. The Class Rooms, with the cabinet of Materia Medica, Bones, Bandages, Manikins, Illustrations, Text-Books, Microscope, Chemical Reagents, etc., will be constantly open for study.

WINTER COURSE OF EXAMINATIONS will begin with the lectures in the University of Pennsylvania in October, and will continue till the close of the session.

SURGICAL DISEASES OF WOMEN. A Course of Lectures will be delivered by H. LENOX HODGE, M. D., on Displacements and Flexions of the Uterus; Inflammation of the Uterus; Polypi; Fibrous Tumors and Cancer of the Uterus; Inflammation of the Ovaries; Tumors of the Ovaries; Ovarian Dropsy; Sterility; Vesico Vaginal and Recto-Vaginal Fistulæ.

PERCUSSION AND AUSCULTATION in Diseases of the Lungs and Heart, will be taught by JAMES H. HUTCHINSON, M. D., by Lectures, and by the Clinical Examination of Patients.

The Society of the Medical Institute meets once every month, and essays are read and medical subjects discussed by students.

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(OPINIONS OF THE PRESS.)

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THE

# MEDICAL AND SURGICAL REPORTER.

No. 562.] PHILADELPHIA, DEC. 7, 1867. [Vol. XVII.—No. 23.

## Original Department.

## Communications.

### DISPLACEMENTS OF THE WOMB.

*A Paper read before the Medical Faculty of Caroline County, Md., at Denton, Oct* 26, 1867.

By Stiles Kennedy, M. D.

"—— had suffered many things of many physicians, and had spent all she had, and was nothing bettered, but rather grew worse."

*Mr. President, and Gentlemen of the Faculty*—I propose to occupy your time to-day, in obedience to your request, on Displacements of the Womb; but do not imagine that I am going to make a fashionable, if not formidable, raid on that important little organ. I shall only give you the benefit of my own experience and observation, taken mostly from carefully prepared notes by myself and a few professional friends.

You are aware that displacements of the womb constitute a large proportion of the diseases of that organ, and although these diseases may be more frequent now than at any previous time, there is no doubt of their having been known by the ancient practitioners. Hippocrates, by his writings, was cognizant of the disease, and from his practice, I do not think his ideas were less philosophical than those propagated in our day, while philosophy is so cheap, and mushrooms so plenty! I believe it was Soranus, a very distinguished surgeon of his day, who extirpated the womb in cases of prolapsion, and recommended it. If he were living now, he would doubtless belong to the tunnelers. Hunter, about the time of our colonial troubles, wrote a monograph on retroversion, and I think this was the first treatise on this affection as a special surgical disease.

You are doubtless familiar with the usual divisions or characters of displacements of the womb, according to the new position taken by the organ, ante- and retro-version, prolapsion, and obliquity, besides the *flexions*.

Few diseases are more troublesome to the patient and surgeon than those under consideration. Painful, annoying, loathsome, and dispiriting to the patient; and to the surgeon often unmanageable, frequently incurable, or constantly recurring, of doubtful pathology, obscure diagnosis, and uncertain remedial tendency. Let your own reflections count how often you did not know what to do, or, having instituted your treatment, how often you have watched its signal failure, and how your sympathies would warm toward those you failed to help, those that we hold most dear in life, whose kindly acts, cheering words, and bright smiles urge us on to manlier deeds and nobler purposes, whose beautiful memories we ever keep green in the holiest tabernacles of the heart—our wives, friends, relatives, and sweethearts.

These displacements occur in the gravid uterus and in the virgin, but most frequently in the non-gravid state of the married woman. The following represents the proportion of my own cases of which I have notes:

| | Pregnant. | Virgin. | Married and non-gravid. |
|---|---|---|---|
| | 1 | 1 | 18 |
| From others, | 5 | 1 | 38 |

The five cases occurring during pregnancy, which I learned from professional friends, I take to be rather larger than the rule. For in one case the patient moved off, and my friend lost sight of her, and the diagnosis, or rather the *cause* of the displacement—pregnancy—was doubtful at the time. And in another case, to the best of my judgment, the embryo died at its third or fourth month, and was carried in the womb at least two months. So that, although the displacement may be put down as occurring in pregnancy, yet it was at the time an abnormal condition, and we have no reason to doubt, that if the fœtus had grown, and the womb mounted the sacral promontory, or aborted, and left the womb to contract to its normal size, that the displacement would not have occurred.

If you will allow me to take retroversion as the type of displacements, I shall proceed now to the discussion of the formula which I have thought proper to place before you, with two drawings,*

* After Dr. E. P. Banning; already given in the Reporter for July 7th, 1866. (Vol. xvi. No. 1.)

representing two striking and important conditions of the human frame and its organs. They are sufficiently large, I hope, to be distinct to all.

You will observe that I have divided the causes of displacement of the womb into three classes: the predisposing, mediate, and immediate. This division is arbitrary, and the classification could be easily arranged differently, but I think the one adopted will fix quite definitely what I have to say upon your minds.

By predisposing causes, I mean those causes which nature herself has imposed on the economy, without stopping to discuss the philosophy of extremists, that nature does nothing wrong, nor the scriptural dogma, that the sins of the father fall upon the innocent.

All will admit the effect of consanguinity upon the constitutions and organism of progeny, and, although I am willing to admit its effect in disparaging and vitiating the general body, I am far from accepting the professional teachings on the subject as law, or as a reasonable theory; to carry it to every extreme point, and shield our ignorance behind it on every occasion, and by it to account for everything or anything that our reason will not let us dispose of otherwise.

Human beings have *temperaments*, and we do not lose sight of them in the treatment of disease, in our daily examinations of patients, in our prescriptions, in our social intercourse, nowhere, in fact, do we lose sight of the value and character of temperament, but right here—while it is evident that human temperaments have definite laws, and that every infraction of the law carries with it a penalty.

If half the time and study had been bestowed by the profession on the value of temperament in the two sexes in marriage, that has been given to consanguinity, we would be occupying more vantage ground than we do.

That certain temperaments in both man and wife will produce certain temperaments in the children, there is no doubt, and I may venture the opinion, that the encephalic combined with the bilious temperament, or both of them with the sanguine, *in man and wife*, will produce children of feeble organic vigor, and worthless, sickly men and women.

I have not time to pursue this interesting subject, for it is worthy of a whole lecture. I throw out these suggestions, wishing to draw you into this channel of investigation.

The disease under consideration will weaken the organism, poison the mind, and breed a host of ills, but under a curative management, the constitution rebounds and regains its accustomed vigor. But not so in the organically feeble body. Remove the acquired disease if you can, and the walking spectre still hangs around, pleading for that which you cannot give. The physician has no more perplexing patients than these.

By mediate causes, I mean those that occupy the ground between original organic weakness and the immediate or sudden causes of displacement, and the one we are most apt to notice on first sight of a patient, if it exists as an acquired malformation of the frame of the body, and a consequent ill arrangement of the internal viscera. Nothing has contributed more to this acquired form than the mode of dress adopted by our women of late years. All physicians agree that displacements have greatly increased since bodies and suspenders were left off petticoats, and bustles and corsets substituted. Our grandmothers were taught to walk as straight as arrows, while our daughters must have the Grecian bend, with their wasp-like waists secured by steel and cords. They crowd the whole abdominal viscera down upon the poor little womb, and as it is not fashionable to urinate, the distended bladder pushes it over, and the doctor must be sent for, and he proceeds, with speculum and hooks, balls, rings, and so on, to replace it, and this is done to-day, and to-morrow, and the day after.

You have before you the full-grown body in health, and every organ in its normal position. You will recognize it in Fig. 1. You will observe the axial line passes through the nape of the neck, the hollow of the back, the hip-joint, knees, and ankles; these are the points of motion, and by disturbing permanently the motion of these points, you also disturb the relations of every internal organ. You notice the curvatures of the spine. A line drawn through the length of the lower one would come out of the breast-bone, and a line drawn through the upper portion of the curvature would come out at the shoulder-blades. The point of crossing is the centre of gravity, and it should always be kept in that position. These normal curves are not inimical to the erect position, but aid it, for you see the abdominal muscles are placed upon the stretch, thus vigorously supporting the internal organs. The chest is well expanded. There is plenty of room between the floating ribs and pelvis, and there is no encroachment upon their organs.

Now look at Fig. 2. The axial line passes through the nape of the neck, through the centre of the body some distance in front of the spinal column, but it strikes the hip, knees, and ankles,

as before. The centre of gravity no longer rests on the dorsal vertebræ, but near the stomach and directly over the womb. The supporting power of the abdominal muscles is gone, for they are relaxed. The back-bone is pushed behind its normal position, and more or less of the weight of the whole internal viscera falls upon the pelvic organs. Can any one doubt that this bad formation of the body and the consequent derangement of its important functions should not affect the womb as certainly and as sensibly as any other important viscera? Yea, ten thousand times more likely to do so. But this belongs more properly to the pathology of the disease, which I shall offer.

I have already indicated another frequent cause of displacement of the womb. I mean distension of the bladder from accumulated urine. The inference from what the books say, would lead us into the opinion that this cause operates suddenly. That is, the retroversion is produced by the first serious disturbance of the bladder. But this does not agree with my judgment or observation in such cases. For upon inquiry of the patients and of surgeons, I have invariably found the displacement to occur only after repeated distensions. To be sure, the retroversion took place immediately after some special and perhaps aggravated inconvenience, but there had been antecedent misfortunes which had been overlooked. In fact, the frequent distensions of the bladder are necessary for it to gain sufficient size to contain the urine in protracted cases, so that the womb can be thrown back by it. Distension of the bladder is so exceedingly painful that it must be emptied, but by the repetition the size which caused intense pain to-day, when it was voided, will produce little or no pain at the same size to-morrow, for the organ is ready for a still further distension. It must be remembered also, that the stretch upon the front ligament in such cases is very great. The pain from this alone would be so intense that evacuation would be required under the most provoking circumstances. But when the distensions are repeated, their yielding is gradual and less noticed.

Weakening and lengthening of the ligaments of the womb are constantly laid down as orthodox causes of displacement. But there is neither sound philosophy nor pathology in this reasoning, (save under one single circumstance,) for the identical causes of the displacement are the causes of the defection of the ligaments, and we have nearly as much right to say that the womb weakens the ligament by falling, as that the womb falls by reason of the weakened ligaments, *per se*. Does not the distended bladder operate on both womb and ligament simultaneously? Does not the cachectic trifling constitution pervade every tissue, or are these ligaments under the special protection of Providence? and why not the malformed body, with its drooping organs and squeezed viscera, press upon and stretch the ligaments at the time it affects the womb by superincumbent weight. The ligaments are not made of cast iron, or they would not be ligaments. Then why expect so much of them, and overlook the real cause which operates on both womb and ligaments simultaneously.

I have seen two cases of displacement follow abortion. Now, authors tell me that it was because the ligaments did not contract. I say they do, if allowed to. Where they can find no other reason for the displacement in any given case, then they may guess, as they always seem to have done, that the ligaments are at fault. Why should not the ligaments contract? Is the uterus faultless? no congestion, no increased weight? does it rapidly come to its normal condition in size, weight and position? and then the organs above, are these bearings definite and normal, constitution vigorous? and these poor ligaments all that is weak in the body!

You tell me that repeated retentions of urine distend the bladder far beyond the normal size, and why not frequent abortions so distend these ligaments that they cannot sufficiently contract? I admit it, but abortion under such circumstances is as terrible a disease as it is an awful crime, under other circumstances. Cure the disease, prevent the abortions, and you stop the operation of the cause, and your patient will be cured.

Where women have carried and borne children for a great number of times, I have thought that these ligaments had been so stretched as to allow a displacement, and certainly it is more reasonable to conclude so in these cases, for the stretching is far greater and continued for a much longer time; but I have always found other reasons, which were more satisfactory to me. And if these frequent pregnancies so stretched the ligaments that they could not contract, I should call such conditions abnormal. For if the normal performance of a function produces evil to the economy, endangering life and destroying happiness, what else is it? At least we may commit an Irishism, and say that it is an abnormal normal condition. I am willing to confess that disease may attack primarily any organ or tissue of the body, but as yet I am unable to detect and diagnose anything especially affecting these front

ligaments, that would tend to produce the disease in question. Another mediate cause is *prostitution*, which acts in a threefold manner, by over exercise of the vagina, by producing disease, and by debilitating the general constitution. These are not noticable at first, but wine mocks, and the voluptuous breast heaving under libidinous inspirations will soon flatten. The beauti fully artistic lip, with its bewitchingly lecherous smile, will soon pale, and the lascivious wave of glossy tresses will grow dry and crisp, and the form moulded after God's own image, will be thrown a wreck on the devil's barriers.

So surely as Heaven's lightening leaves behind it the blistered, blackened traces of its fury, so surely does this awful infraction of Heaven's law beget the blighting, blasting terror of its penalty. The penalty may be long in its coming; strong drink is raging, and in the seething whirl of wretched joy months and years may pass, but the Cyprian has her biding, and though she may "have decked her bed with coverings of tapestry, with carved works, and with fine linen of Egypt," yet "her house is the way to hell, going down to the chambers of death." Her "fill of love until the morning" will not sweeten that remorse, terrible as the bitterness of God's wrath.

It is impossible to view the wild ravages made by this kind of life on the physical well-being of the unfortunate, without coupling with it the mental and moral disturbances, to say nothing of that future life, which we should never lose sight of in our intercourse with the sick.

A friend in whom I have the utmost confidence, has assured me that he met with one case of displacement—ante-version—which after the most thorough investigation he concluded to have been caused by the large size of the male organ. The woman was small but of fine form and development, and her husband was quite large in frame and limb, and he is sure that the proportional difference in size and stature, would satisfy any one on this point.

Some ten years ago I heard Dr. Leidy infer a disbelief in such opinions from purely anatomical grounds, the peculiar structure of the vagina, but I suppose he only meant it as the rule, and my friend's exception would prove this rule. But I do not think this cause so rare as either my friend or Dr. Leidy seem inclined to.

Where the disproportion between the sexes is great, the vagina is necessarily put upon the stretch, so are the ligaments. If this is continued for some time, there is no reason in the world if the *glans* strikes the anterior lip of the *os*—which is the nearest line from the pubic bone at its lower edge to the organ—why it should not be turned forwards. And then again if the body is bent forward from any cause, so that the correct axial line is lost, the centre of gravity falling in the centre of the bowels, the whole abdominal viscera drooping, hanging and pressing upon the pelvic organs, and the womb thus occupying a lower position, and instead of being in front of these lines, is directly in them, the glans would strike the posterior lip and elevate the *os*, depressing at the same time the fundus, producing retro-version.

In my own practice I have met with one case of this kind, and so far as the male organ is concerned, in this case, I should place it in the list of causes.

The vagina is the pedestal upon which the womb stands, and of course as you weaken its walls you destroy its value.

The inordinate extent to which tight lacing is carried by the women of this age, has much to do with the prevalance of uterine displacements. By this process you understand that the viscera are forced *downwards*, when the supporting upward tendency of the abdominal muscles is paralyzed. So with many of the instruments designed as supporters, their action is either misunderstood, or as is more frequently the case, wholly and entirely false in their mechanical workings.

Of the *immediate* causes of womb displacements, sudden falls, furnish the most appreciative list. Generally the effect in such cases is easily traced back to its cause, and the physician is not a little perplexed by a series of questions, the answers to which are often contradictory and inconsistent. Not long since, a lady on leaving the Orphan's Court room below, slipped her feet from the stone next the door sill, and fell with full force on her ischiatic protuberances, her body in the vertical position. These "slips" are of fearful surgical import. When the patient is over forty years, you may look out for those serious fractures of the neck of the femur, severe strains or sprains of the pelvic ligaments and muscles, and those troublesome spinal pains so incessantly recurring in the physician's daily routine. And whether or not these sudden falls produce the trains of symptoms usually ascribed to them, you and I have doubtless been often unable to decide, and it is for this reason alone I call your attention to the matter. In the case above referred to, I was called twenty-four hours after the accident, and found the patient suffering severely with pains of every conceivable and describable nature, through her pelvis, abdomen,

chest, head and limbs, at irregular and uncertain moments. Now an intense pain in the back, now an insufferable headache, and now again in the very pit of the stomach.

Before the symptoms were described, the history of the fall was given; and as the lady was scarcely forty years of age, I suspected the trouble; and as the symptoms were revealed, I had my conceived ideas of the trouble clearly made out. I told the patient of my suspicions, and she consented to a vaginal examination by the touch.

I found at once a complete *retroversion*. I replaced the womb, and in half an hour the patient was in a quiet sleep.

Just ten years ago, a woman in a back western town, while recovering from a severe attack of remittent fever, and while exceeding weak, fell from exhaustion while crossing her room. She was taken suddenly worse, and two professional and personal friends of mine attended her for three months, during which time she scarcely left her bed. She was treated for typhoid fever, hepatitis, conjunctivitis, neuralgia, and gastritis. I was called to see her while under treatment for the last mentioned disease. After an examination, that lasted some two hours or more, I expressed to my friends my opinion that the trouble was a retroverted uterus. Speculums, caustic holders, pessaries, etc. etc., were brought immediately. I examined with my hand before the paraphernalia were exposed, and found the womb imbedded up and down in the pelvic integuments. Chloroform was administered, and by the use of an old spatula, bent and wrapped with oil silk and greased, and with large injections into the rectum, I succeeded in replacing the womb. We were in the house eight hours, and when we left that night, the patient expressed herself more comfortable than she had been for many weeks, and she speedily recovered.

These cases are mentioned simply and only to impress upon you the very great importance of a proper knowledge of the diseases in hand, and the exceeding importance of a thorough antecedent history of the cases.

I will now pass to a discussion of the pathology of uterine displacements.

[To be continued.]

—— The Dublin Lying in Hospital is regarded as one of the best hospitals in the world. Since its foundation in 1745, (122 years), 189,000 women have been delivered in its wards. There have been 2,550 deaths of women, and 6,850 of children. The number of still-born children has been 10,650.

## DESCRIPTION OF AN INHALING APPARATUS FOR THE SAFE AND ECONOMICAL ADMINISTRATION OF THE ANÆSTHETICS AND MEDICAL VAPORS.

By D. H. Goodwillie, M. D.,
Of New York City.

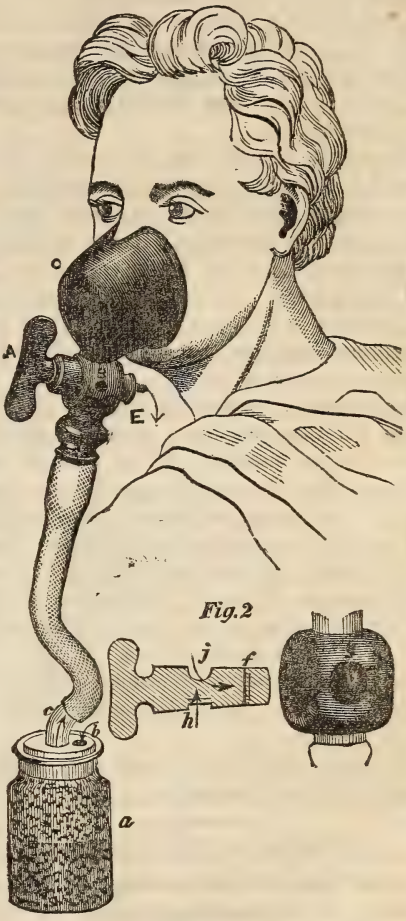


*Fig. 2*

**Description.**

*a*. Bottle loosely filled with a sponge.

*b*. Tube passing to the centre of the sponge, conveying air.

*c*. Tube conveying vapor from the bottle.

A. Faucet containing the inhalation and exhalation valves and air passage, and revolving one sixth of a circle.

C. Face piece fitting the mouth and nose. (Two sizes.)

Fig. 2.

*Faucet with the valves.*

*h*. Inhalation valve for the passage of the vapor.

*f*. Exhalation valve for the breath to pass out.

*j*. Passage for the vapor in inhalation and the breath in exhalation.

*g*. Fresh air passage, with an index to show the quantity of vapor or air being inhaled at any given time.

Fitting close over the nose and mouth is the face piece (*c*) connected to a facet which con-

tains the valves. This inhaler is joined by an elastic tube to the bottle (*a*) which contain a sponge and the anæsthetic fluid.

To the centre of the sponge air is admitted by a tube (*b*) to produce evaporation during the inhalation on the upper half of the sponge, the lower part of the bottle never to be filled more than half full with the anæsthetic fluid. The revolution of the facet on the inhalation valve (Fig. 2. *h*) and air passage (*g*) regulate the amount of vapor or air, and show by the index at (*g*) the amount being inhaled at any time, of vapor and air.

The inhalation valve and air passage are divided into five parts—four of which the facet revolve over, and the fifth always admits fresh air. The increase or decrease of vapor or air depends on the revolution of the faucet from 1 to 4, or 4 to 1 on the index. As the vapor increases, the air decreases in the same ratio—4 on the index being the maximum amount of vapor and the minimum amount of air.

For example, revolve the facet to 2 on the index, and then two parts of vapor and three parts of air are inhaled. By the gradual inhalation at first, the air passages become accustomed to the vapor, and there is less spasm of the epiglottis, struggling and sickness. Narcotism is quietly produced and kept up by a very small amount of vapor. Chloroform or ether having no action on the sponge, they can be kept in the bottles ready for use.

In the administration of nitrous oxide, no air is required, so the facet should be turned to close the air passage.

Air can be admitted, if desired, in the administration of any medical vapor.

## VESICO-VAGINAL FISTULA.

By Geo. B. Fundenberg, M.D.,
Of Cumberland, Md.

Mrs. N., of Pa. aged 25, called on me a short time ago, complaining of a constant stillicidium of urine per vaginam. She stated that a year ago, she had a tedious labor with her first child, to assist which the forceps was used. She observed nothing amiss, until in the fourth week after delivery, when she noticed that the urine passed drop by drop through the vagina. An examination revealed an oval opening in the trigone of the bladder, on third of an inch in length.

As the parts were in a healthy condition, after unloading the bowels by an aperient, I operated upon her on the 22d Nov. 1867, assisted by Dr. T. Healy, Jr. I had sent for instruments suitable for the operation, but as these did not arrive in time, I was compelled to extemporize others as well as possible. The case was not a difficult one, but may serve to show, that the formidable array described by authors is not indispensable.

The patient was placed upon a common lounge without a back, the hips brought down to its foot, and resting upon a hard pillow, the woman lying upon her left side, the left arm drawn back behind the body, so as to throw the chest and abdomen into a diagonal position, with the knees well drawn up. The foot of the lounge was then raised a foot high by a box placed under it.

Emmett's modification of Sims' speculum, with the hinge improvement, was then applied, the edges of the fistula pared by a common eye-scissors curved on the flat, two wire ligatures were introduced with small sized surgeon's needles, by means of a needle holder, counter pressure was made by a blunt hook found in a strabismus case, the wires adjusted by a perforated tooth brush handle, and secured by perforated No. 3 shot, which were compressed by a common pliers. Two self-retaining catheters were made by bending the common female catheter. Upon the eighth day the wires were removed, when it was found that perfect union had taken place. She was kept in bed a few days longer, wearing the catheters and then returned to her home as well as ever.

The interest of this case does not lie in the operation, for this has become so common that every tyro in surgery does not hesitate to undertake it, but it is in reference to the position of the patient and the kind of speculum used that I wish to say a few words.

The position upon the knees and elbows which is so generally recommended, may be more convenient in certain cases, but I cannot conceive what advantages can be derived from it, that cannot be had in the position above described. No chloroform was used in the above case, nor do I think I would use it, unless the patient was remarkably timid. For with the position above described and with the speculum named, there need be no more exposure than with the ordinary speculum examination, the patient is at complete rest during the operation, and the crowd of assistants required when the patient is upon her knees and elbows is no longer necessary.

As regards the speculum, Sims' instrument, which requires an assistant to hold it, and holding which will tire the stoutest person, is much inferior to Emmet's modification, which is self-retaining, and which with the hinge improvement constitutes an instrument most admirably adapted

to the operation. So delighted am I with the complete view which this instrument affords of the whole vagina and os uteri, that I am induced to believe the point of perfection has very nearly been reached. There can be but one improvement added. If some ingenious mechanic could attach a pair of moveable narrow plates of varying sizes, expanding with a screw and fitting to the sides of the labia and os externum, there could nothing more be desired. As it is, it is a magnificent improvement, simplifying the whole operation and obviating the disagreeable necessity of numerous assistants. In the operation detailed above, I had but one, and with this speculum could have dispensed with him.

## CASE of MUSCULAR ABSCESS: EMPYEMA: PERICARDITIS: DEATH: AUTOPSY.

By James B. Burnet, M.D.,
House Physician, Bellevue Hospital, New York.

George Reiser, æt. 33 years, was born in Germany; has been in this country for nine years; is single, and a butcher by occupation. He was admitted in Bellevue Hospital on August 31st. Last spring he was exposed to cold and wet, after which the following symptoms showed themselves, viz., pains in the shoulders, right side and back. During the summer, the pain left his side, and he then complained of it in his knees, which, together with the pain more or less constant in his elbows and shoulders, constituted his trouble at the time of admission.

September 22d. It has been four days since he has had a passage from his bowels, although he has taken castor oil. A dose of salts and senna has been ordered, which with six pil. cathartic co., has not yet produced the desired effect.

September 27th. Each day since the 22d inst., he has taken large and repeated injections of water, the result of which has been the discharge of a quantity of scybalæ. He to-day complains of paroxysms of severe pain extending from the right side over the epigastrium, as far as the umbilicus. A slight yellow tinge also shows itself in the conjunctivæ and on the forehead. The right lumbar region is very tender to the touch, and also the seat of constant pain. He also occasionally vomits. His pulse is natural. He has a very poor appetite, and is able to get but very little sleep.

October 1st. His bowels still continuing costive, oleum tiglii has been prescribed.

October 5th. The pain in the side is not relieved, and over the posterior aspect of the right hypochondrium, a tumor of considerable size, having its apex on the 10th rib, may be defined. Face is quite flushed, and the pulse has increased in force and frequency.

October 6th. Tumor presents about the same appearance as yesterday—pulse 120.

October 9th. This morning the condition of the patient shows an unfavorable change. The pulse is 164, and hardly perceptible. Respiration is 52, with a very anxious countenance. He states that last evening about 11 o'clock, he suddenly experienced a sensation as if something had broken and passed through his chest up to his shoulders, and at once he was affected with marked dyspnœa. Physical examination of the chest reveals the absence of the respiratory murmur anteriorly on the right side, and posteriorly no respiratory sounds, while on the left side they are all much exaggerated. By percussion there is perfect dulness on the right side. The tumor has almost entirely disappeared.

October 10th. Pulse to-day is 130, and more full. By means of several doses of solution morphia sulphat: the patient has slept some few hours.

October 11th. General condition of the patient to-day is more comfortable. Pulse is 124. Last night he had a spontaneous dejection. Ten days ago he had a passage from his bowels by means of oleum tiglii, but since that time he has had no evacuation. He seems to lie with more ease on the right side, which has been the position preferred by him ever since he has been under observation in the hospital. At first he complained of decubitus on the left side, causing pain in the right hypochondrium, but since the evening of the 8th inst., he finds that it brings on uneasiness in the cardiac region.

October 13th. Pulse to-day is 118. Patient complains of pain in the right chest, and is able to sleep but little. Auscultation gives on the right side posteriorly and inferiorly, bronchial breathing. The fluid occupies now about two-thirds of the right thoracic cavity.

October 14th. Pulse is 120, with the face more suffused.

October 16. To-day the pulse is 118. Respiration 46 and difficult. Œdema about the right eye. In the right mammary region there is a tumor with fluctuation, which was opened at a point about two and a half inches to the right and below the nipple, from which only serum escaped. Failing to reach pus at this point, paracentecis thoracis was performed, which, from the supposed thickness of false membrane, also failed.

October 18th. Since the 11th inst., the patient has had no passage from his bowels. One drop of oleum tiglii has been prescribed, the result of which has been only two small stools.

October 19th. The patient was unable to sleep last night. This morning the pulse is 114; respiration 38. The tumor has reappeared in its original situation; is very tense with no fluctuation. Dullness on percussion extends four and three-quarter inches above the level of the puncture. Subcutaneous injection of sol. morphiæ sulph., (Mag.) has to-day relieved the pain in the side.

October 20th. Pulse to-day is 110.

October 22d. Has dyspnœa. He says "he can't get wind;" his pulse is 124.

October 23d. Find the pulse 118; respiration 44.

October 24th. Patient's head to-day is covered with a cool sweat, and his pulse is 132. He says that he sweats during the night, and for some short time past during the day.

October 25th. To-day pulse is 116.

October 26th. Distinct fluctuation in tumor; pulse 126.

October 27th. Pulse is 118. Tumor enlarged and fluctuation more distinct. To-day at 3.30 P. M., tumor was opened and about three gills of pus evacuated. At 6 P. M., pus continues to be discharged.

October 28th. Pulse to-day 116; respiration 44.

October 29th. Pulse 120; respiration 58. He has no chills; sweats at night. Pus continues to be discharged from the opening. Last night pain in the affected side was relieved by subcutaneous injections of sol. morphiæ sulph. (Mag.) On clearing the opening about eight ounces of thin reddish-brown purulent fluid was discharged from the tumor.

October 30th. Pulse is 120; respiration 32. A free discharge of pus took place from the opening during the night. The effusion is subsiding and the chest diminishing in size.

October 31st. Pulse to-day is 116. Tinct. ferri. muriat., and sol. quinia sulph., prescribed.

Nov. 2d. Pulse 136; respiration is 44. He refuses to take beef-tea. Have ordered it to be given by injection.

November 2d, 3 P. M. Since morning his breathing has become very rapid, his face is wet with perspiration, and he complains of severe pain in the left side.

Auscultation shows that there is pneumo-hydro-thorax on the right side. Brandy, tr. opii., and spt. æth. co; have been prescribed. At 10, P. M., died.

*Autopsy thirty hours after death.* Rigor mortis not marked. Large man, not much emaciated; tissues flabby. Head not examined.

*Thorax.* On cutting the costal cartilages and attempting to raise them as usual, strong adhesions were found existing between the lung of the right side, and the parietes of the thorax. Removing these and raising the detached costal plate, pus in large quantities escaped; the right pleural cavity seemed to be about half full of thin bright yellow pus. Washing the cavity out, the adhesions were found to be very abundant and strong; in fact the lung was completely encased. A small opening was found, which communicated with the substance of the lung. Another pierced the intercostal tissues, and made its appearance near a point corresponding with the external incision. At this point in the examination, the subject was turned on his face, and the external opening posteriorly examined. A large deep seated excavation, which consisted of many sinuses, leading in all directions, was found: one of them perforated through the tenth intercostal space into the pleural cavity just above the insertion of the diaphragm. The pericardium was filled with fluid, and quantities of flocculent fibrinous material, covered the surface of the heart.

### Druggists Practising Medicine.

Some of our druggists in San Francisco have a passion for prescribing, and are quite well known among physicians as meddlers in this direction. They do not content themselves with concocting and advertising syrups and mixtures for coughs and various diseases, but they are ready to prescribe at their shops for any case that presents. We have now a patient suffering grievously with secondary syphilis, which was developed after he had been "cured" of chancre, by an apothecary who is notorious for his quackery. We know of another apothecary who is in the habit of commenting on prescriptions that are brought to his shop, and even changing them. This man, who has had no medical education, goes out to visit patients and to practice obstetrics, whenever he can get a job. A few months ago a woman died in child-bed under his charge and he had a narrow escape from a suit for malpractice and manslaughter. If these officious gentlemen knew to what extent they are the subjects of private report and censure among physicians, and with what care practitioners who are acquainted with their tricks, avoid sending their prescriptions to them, they might possibly mind their own business. It is the interest of all respectable apothecaries to shun such practices, and to coöperate with physicians in entering on the black list the names of those who are guilty of them.—*Pacific Med. and Surg. Journal.*

# Hospital Reports.

Jefferson Medical College,
*November 9th*, 1867.

## Surgical Clinic of Prof. Gross.

Reported by Dr. Napheys.

### Ophthalmitis.

J. L. C., æt. 28. This man comes here from the interior of the state, on account of inflammation of both eyes, under which he has labored for four years. He is a stout hale looking man; his general health is good; has not lost much flesh. This inflammation came on while he was in the army. He holds his head down and pinches his eyelids spasmodically so as to exclude every particle of light. There is an expression of uneasiness in his face. The eyelids are adherent in the morning with some firmness, the eyes water some, and there is great photophobia. The pain in the eyes is of a sharp character, extending up into the head on the right side.

On everting the upper lid of the right eye, it was found to have a scarlet appearance, and upon minute inspection discovered to be strewed with granulations, similar to those observed upon a granulating wound or ulcer, the result of inflammation, hypertrophy of the mucous membrane along with interstitial deposits of fibrin. The lower lid is in a similar condition, quite as red and as freely covered as the upper with these granulations. The cornea is opaque, the opacity having a hazy appearance. The conjuntiva and sclerotic coat are of a fiery red hue. In the left eye there is atrophy of the cornea, greater opacity than in the cornea of the right side, and an obliterated state of the pupil, with all the evidences of violent conjunctivitis and sclerotitis.

Inquiry was then made into the symptoms to ascertain whether there is reason to suspect inflammation of the choroid and retina. In the right eye he has had flashes of light, corruscations for about three weeks—never any in the left eye. There is no perception of light in the left eye at all, but there is a slight sense of light in the right. He has most pain in the eyes at night, generally lasting from 12 to 4 o'clock, associated with hemicrania. He has never had any rheumatism in any of the joints, nor any malarial disease; his health was good at the time the disorder was contracted.

This case is one of ophthalmitis, an inflammation not of one particular portion of the eye, but an inflammation of all its structures. One of the best evidences of the involvement of the deeper portions of the eyes is the existence of corruscation, of flashes or sparks of light. Whenever the retina or the retina and chiroid are inflamed, these scintillations are invariably present to a greater or less extent, sometimes to a terribly annoying degree. It does not require an examination with an ophthalmoscope to determine the existence of inflammation in the deeper and more important structures of these organs, the phenomena present show that the sight of the left eye is irretrievably destroyed, while the right is involved to such a serious extent as to render it doubtful whether it can be reclaimed.

The disease is a chronic one, of four years duration. But a chronic affection may, in any stage of its existence, become acute, as violent as an acute disorder in its commencement. Looking at this patient as he now presents himself in perfect health in all other respects, with good appetite, good muscular development, good complexion and good circulation in the outskirts of the body, it would appear that he would be benefitted by the loss of a certain quantity of blood from the arm. The man was bled, by means of a thumb lancet. For this purpose, he was seated in a chair with the arm extended and midway between pronation and supination. The pulsation of the brachial artery was then felt for. This is a matter of paramount importance. Professor Gross has tied this artery in five separatr cases on account of injury inflicted during the operation of venesection, leading to traumatic aneurism. In one case, the gentleman who had performed the operation was dragged into court and heavily fined in a sum he could not possibly pay, lost his character and was obliged to leave the neighborhood. The most prominent vein at the bend of the arm is the median basilic which is immediately, in a part of its course, over the brachial artery, which is therefore liable to be wounded, especially if the surgeon be not very cautious. A fillet, a yard in length, and one and a quarter inches in width, was thrown around the arm, but not so firmly as to embarass the circulation in the artery at the wrist. Then by means of the spring lancet the median cephalic vein was opened, and from eighteen to twenty ounces of blood abstracted. After this operation, care should be taken not to place the finger, especially if covered with perspiration, upon the naked wound; the compress should be dipped in blood and applied over the orifice, and a bandage put on in the form of the figure of eight. The arm was ordered to be kept perfectly quiet in a sling, and the diet to be restricted.

A more profound impression will be made in this way upon the inflamed structures than it is possible to do with veratrum viride, aconite or tartar emetic. This, probably, is the only blood spilt in Philadelphia to-day for the relief of inflammation.

The patient will be purged gently, not violently at all, and put on the use of the antimonial and saline mixture, with the addition of quinine as an anti-neuralgic. He was ordered,

℞. Morphiæ sulphatis,
Antimonii et potassæ tartratis, āā gr. 1-10.
Tincturæ veratri viridis, gtt. v.
Quiniæ sulphatis, gr. vij.
Acidi sulphurici diluti, ℥. v.
Syr. Zingiberis, ℥. xv.
Aquæ, q. s. ad f.℥j.
Ter die.

### Chronic Abscess of the Thigh.

Jas. Kelly, æt. 2 years. This child has a large strumous abscess of seven weeks duration, on the right thigh. The indication obviously is to let out the matter and then bandage the limb

in order to bring the contiguous surfaces in apposition with each other; otherwise, a long time must elapse before a cure can be effected. As the abscess does not communicate with the bone, there is no reason why it should not be opened by a direct cut. This was done and a large amount of strumous matter evacuated. A piece of patent lint well oiled was then introduced into the interior of the wound, to prevent the edges from uniting, and confined by a strip of adhesive plaster. A bandage was applied extending from the toes up, which should be taken off once in the twenty-four hours, and the surface of the limb painted with dilute tincture of iodine. He was ordered, internally, one grain of quinine three times a day in solution for a week, and at the end of that time, six or eight drops of tincture of the chloride of iron ter die.

### Lithotomy.

Robert K., æt. 9 years, This boy from New Jersey, has labored under urinary trouble for the last six years. For the last five or six weeks his sufferings have been very great, being obliged to pass his water very frequently. He is in excellent general health. He was sounded a week ago last Wednesday, and a stone readily detected. One-fourth of a grain of morphia was administered about an hour and a half ago, and his bowels have been well moved.

He was placed under the influence of chloroform and the lateral operation for lithotomy performed. A very rough stone was removed. The external opening was very small. In a child it is not necessary to cut the prostate gland, it may be torn with the finger.

The danger in performing this operation upon children is not near so great as in middle or even in advanced life.

### Anal Fistule.

George W. S., of Ohio, æt. 47. He has suffered from hemorrhoids over twenty years, and, he states, has had a fistule for seven years. He is obliged to strain a good deal in evacuating the bowels. His appetite is good, general health excellent, sleeps well, and is able to take excercise and follow his accustomed occupation.

In making an examination with the view of ascertaining the diagnosis in a case of disease in the situation of the anus or rectum, it is necessary that the bowels should be evacuated previously by means of an enema, laxative or cathartic administered the night before. Sometimes an enema of cold water thrown up a half hour before the examination, will answer very well. During the inspection the patient, if a male, should rest on the knees and elbows. If the patient be a female, it is best to let her lie on the edge of the bed with the knees retracted.

In this case the index finger introduced into the rectum detects no obstruction. There is therefore no carcinomatous disease, no polyp nor foreign body present. A probe introduced into an opening situated on the left side of the buttock, sinks in to the depth of at least three inches. This is rather an unusual situation for anal fistule, so far to one side and above the anus. This sinus the patient alleges communicates with the bowel, but the examination failed to detect any such internal opening. As there is no necessity for haste in such a case, the man will be remanded to his room, and a further examination instituted before any operation is performed. The sinus is at least three and a half inches in length, and lined by plastic matter in a state of organization—a sort of fibroid tissue.

# Editorial Department.

## Periscope.

### Death from the Sequelæ of Diphtheria.

October 14th. In the Suffolk Dist. Medical Society, (*Boston Med. and Surg. Journal*,) Dr. Minot reported the following case:

The patient, a lady of nervous temperament, 65 years old, had an attack of diphtheria, in July last, while staying at the seashore, for which she was treated by Dr. Edward Newhall, of Lynn. Tonics and stimulants, combined with energetic local applications, were the means employed, and the patient recovered. Some weeks afterward, inflammation, followed by ulceration, attacked the cornea of the right eye, which had twice before been subject to the same affection, at intervals of several years, so that its sight was much impaired. At the same time the patient began to lose control over her limbs, so that she could neither stand nor walk without assistance. She also began to transpose her words in speaking, and to use one resembling in sound, but differing in sense from the word she intended to employ. There was never any difficulty in articulating or in swallowing; nor was there any real paralysis, but rather a weakness and a want of coördination of the movements. The pulse was slow in the morning, and quicker in the evening, but there was no fever. Appetite moderate; much complaint of want of sleep, though in reality the sleep was not very deficient; occasionally she would sleep the whole night. She came to town towards the end of September, and was first seen by Dr. M., Sept. 29th. She was then able to walk out a little, with assistance, and drove daily in an open carriage. The eye was nearly healed, under Dr. Williams' care. The memory was somewhat impaired, and at times there was a little delirium. The urine was twice examined for albumen, but none could be detected by nitric acid or heat. The pulse at first was about 60 in the minute, and never rose above 90. The patient could grasp firmly with the hands, but could not hold her teacup without danger of letting it drop. The power of walking failed rapidly. At the same time the delirium increased, and on the 8th of October it amounted to complete mania, the patient laboring under the most extraordinary delusions, and manifesting hostility to all about her. She refused to take food or medicine. Drs. Newhall and Williams saw her in consultation on the evening of the 9th, and as it was impossible to give medicine by the mouth, a few drops of a strong solution of morphia were injected subcu-

taneously, at about 9 o'clock, soon after which she fell asleep. At 9½, Dr. M. found her sleeping quietly. At 4, A. M., it was found that she was dead. Rigor mortis was complete, and the body was cool, so that death must have taken place some hours previously, (probably as early as 11 o'clock), but so quietly that the attendants, who were constantly in the room, and awake, were not aware of it.

An autopsy was not allowed.

The treatment consisted in the administration of tonics (iron and quinine), sedatives (bromide of potassium), stimulants, and as nourishing a diet as possible. Electricity was begun to be employed, with a view to improving the muscular strength, but the mental condition of the patient made it necessary to suspend it.

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### Chancre supervening upon Secondary Symptoms.

We translate from the *Union Médicale* the following account of a chancre occurring during the period of secondary symptoms. The case was reported by M. Michaud, *interne* of the Loucrine Hospital:

K., aged 32 years; married ten years; had four years ago a vaginal discharge, symptomatic of ulceration of the uterine neck. This year, towards the end of April, she discovered on the left labium quite a hard papule, which was probably an infecting chancre. On questioning her subsequently, the patient said she had had several papules consecutively, the number of which had progressively augmented until the end of the month of June, during which period, according to her statement, she had scabs upon the scalp, and lost flesh.

The 29th of June, K. came to Lourcine, and was seen by M. Desprès, who found numerous mucous tubercles scattered over the whole mucous surface of the labia majora, and others at the margin of the anus; also clusters of enlarged indolent glands in both groins. Cauterizations with chloride of zinc—no mercury; tonic regimen.

The 20th of July, the patient came again for advice to M. Desprès. The mucous tubercles were nearly cured; but on the upper lip there was an indurated chancre, of the size of a small hazel-nut. The latter was developed in the following manner. Eight or ten days after the patient first consulted M. Desprès, she discovered at the upper extremity of a crack in the upper lip, from which she had removed a scab the night before, a small swelling, which gradually increased in size, and which scabbed anew.

The 27th of July, the patient presented herself for the third time to M. Desprès. At the vulva, the only traces of the mucous tubercles consisted in white spots on the mucous membrane of the labia majora. At the upper lip, the chancre had attained the size of a franc-piece. The circular induration was well marked underneath a thin scab, which covered the tumefaction. Sub-maxillary adenitis existed. Two ganglions are still swollen, and one in a state of indolent inflammation. A sub-hyoid ganglion was also enlarged, and is so still. There was a mucous tubercle upon the right tonsil.

The 22d of August, this patient entered the Lourcine Hospital, during the service of M. Liégeois, when she was subjected to mercurial treatment. The 5th of Sepetmber, however, a few mucous tubercles had returned upon the labia majora.

M. Liégeois, on the ground of the slightly-marked glandular enlargement, and taking into consideration the usual course of syphilis, was inclined to think that the case was one of simple mucous tubercle, taking on a peculiar character from its seat, and from contact with the air. M. Desprès, on the contrary, saw in this lesion all the indications of indurated chancre of the upper lip. In order to decide the question, this patient was to have been presented to the Academy of Medicine the 4th of September; but the programme for the day, having been very crowded, did not allow of it. Nevertheless, several Academicians, MM. Ricord, Gueneau de Mussy, and Depaul, have seen her, and have not hesitated to diagnosticate an indurated chancre of the lip. M. Ricord's only doubt was in regard to the anterior existence of mucous tubercles.

[The reporter of the case subjoins the following remarks.—Eds.]

It cannot be supposed that there were in one patient two indurated chancres resulting from two infections incurred at the same epoch, since at the time of the appearance of the second chancre, there remained no traces of the first. We have here a syphilitic re-infection, which may be likened to the artificial re-inoculations of Wallace, H. Lee, Diday, Sperino, etc., and to the natural re-infections observed by MM. Follin, Rodet, and Diday. In a great number of these cases, and notably in the artificial re-inoculations, the indurated chancre of the second infection was remarked as showing a noteworthy diminution of the induration, ulceration, and glandular enlargement, to such a degree that the lesion was, in certain instances, only an aborted chancre. In our patient the indurated chancre is voluminous, the ulceration extensive, the induration well marked. Adenitis existed, but of moderate intensity.

On the other hand, though the experiment of the inoculation of syphilis has been successful in all the periods of its evolution, clinical observation has hitherto shown a considerable interval between two successive syphilitic attacks. Thus, in the patients of M. Diday, among whom the two infections were the least distant from each other, we find the interval to be twenty-two months on the average. In these cases, the subjects presented no traces of the first affection, at the time of the second; and, according to M. Diday, re-infection demonstrated positively the cure of the first syphilis. In our patient the indurated chancre of the lip showed itself, while the secondary symptoms were in full blast about two months and a half after the breaking out of the first infection.

Natural re-infection has given here a result not before observed, but of which artificial inocu-

lations had demonstrated the possibility. We may, therefore, conclude, as Rollet says in his "Traité des maladies vénériennes," that the reinoculability of syphilis is an exception, but that such exception may be observed in all periods of the disease; even at the commencement, and consequently, long before the diathesis has been effaced.—*Boston Med. and Surg. Journal.*

### Sequelæ of Intermittent Fever.

A writer in the *Journal des Connaissances Médicales* speaks of a certain sequelæ of intermittent fever, manifested by bloating of the face, a clay-colored appearance of the skin, and by a swelling of the liver, these being very often followed by organic lesions. He adds that quinine being so expensive that sometimes families thus affected are obliged to do without it, resort may be had to an efficient agent, as a substitute, in the shape of alcohol, or wine which contains a large proportion of alcohol. The addition of juniper berries, or cinnamon, and warming the beverage, still further promote its success. These liquids should be administered in increasing doses, according to the age or sex, about three hours before the access of the symptoms. The intervals between the doses should not be greater than a quarter of an hour. A strong impression is thus made upon the nervous system; the heat and the pulse come up, and the skin becomes moist.—*Bost. Med. and Surg. Journal.*

### Ingrowing Toe-Nails.

Dr. Bailey (*Leavenworth Med. Herald*) believes that inversion of the nail is always produced by lateral pressure upon the toe, which has a tendency to cause a greater convexity of the nail than is natural, and at the same time crowd the soft parts over the edge of the nail, causing painful inflammation and ulceration. As the best means of relieving the patient, he recommends the removal of the flesh at the side of the toe—by which the breadth of the toe is diminished so that the nail can cover it. The wound heels by granulation. It seems that Dr. Catling, of Massachusetts, claims this as *his* operation. It is not such a one as would call forth much wrangling as to its originator. Probably many surgeons have originated the same plan or one very similar to it. Several years ago, we saw the late Dr. E. Cooper, of this city, operate by removing the flesh at the side of the toe, but in addition, and with the same sweep of the knife, he removed the side of the nail and gland. Dr. L. C. Lane informs us that Dr. Cooper operated in the same way nearly seventeen years ago in Illinois. The result is satisfactory so far as a relief from the ingrowing nail is concerned, but it leaves a wound which requires a long time to heal, and a cicatrix which renders the wearing of a boot painful for a much longer period. Dr. Lane has recently substituted the following procedure: He amputates the end of the toe, including the nail and entire gland, taking care to leave a long posterior flap; the ungual phalanx is divided near its middle, and the flap turned up over the end of the bone and united anteriorly; speedy union takes place, little or no tenderness remains, and the very small portion of bone removed has no effect upon locomotion.—*Pacific Med. and Surg. Journal.*

## Reviews and Book Notices.

**On Diseases of the Lungs and Air Passages; their Pathology, Physical Diagnosis, Symptoms, and Treatment.** By Henry William Fuller, M. D., Cantab., etc. From the Second and Revised London edition. Philadelphia: H. C. Lea. 1867. 1 vol., 7vo., cloth, pp. 479. *Price*, $3.50.

Dr. Fuller is physician to St. George's Hospital, and his opportunities to study the various diseases of which he treats in the present volume have been extensive, and they have been sedulously improved. His book was in the first edition divided into four parts, and embraced all chest diseases, those of the heart as well as the lungs. In the present volume, the two last parts on the cardiac viscera are omitted. About one-third of the volume is occupied with an elaborate but thoroughly practical discussion of the "principles of physical diagnosis, and their application to the investigation of diseases of the lungs;" the remainder treats of the diagnosis, pathology, symptoms, and therapeutics of pulmonary disorders.

It is a careful, practical treatise, which will be found of great service in the every-day labor of the physician.

**Transactions of the Medical Society of the State of New York. For the year 1867. Albany, 1867. 1 vol., pp. 562.**

A large amount of useful information is to be found in this volume. Several of the essays,—the Annual Address by Dr. Hutchinson, and the Prize Essay on Medical and Vital Statistics, by Dr. Hough, we have already spoken of. Among the forty odd other articles which make up the contents, the following may be mentioned: On the Structure and Function of the Capillary Vessels, by Prof. H. N. Eastman, (he thinks that the capillaries alone secrete and absorb); two essays on Spotted Fever, by Drs. C. B. Coventry and A. Churchill; Hernia and its Complications, by Dr. F. Hyde; the Medical Use of Electricity, by Dr. G. M. Beard; Still-Births, by Dr. G. S. Elliott, Jr.; New Interpretation of the Physiology of the Retina of the Eye, by Prof. Towler; Spontaneous Evolution of the Fœtus, by Dr. J. V. P. Quackenbush; Consanguineous Marriages, by Prof. O. W. Morris; a continuation of Dr. Fisher's Exhaustive Treatise on Diploteratology, and various biographical sketches.

Medical and Surgical Reporter.

PHILADELPHIA, DCEMBER 7, 1867.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

### NOTICE TO SUBSCRIBERS.

From the 1st of January, 1868, we shall strictly enforce again, our old rule requiring payment in advance. For reasons given some years since, pre-payment has not been insisted upon—but the circumstances of the country are now such that we feel warranted in again requiring it.

☞ Those who have not yet paid for the current year, will please remit immediately. There are several thousand dollars due on current subscriptions, which must be paid soon to insure a continuance of the Reporter to the delinquents. The amounts are insignificant to subscribers, but the aggregate is large enough to be embarrassing to us.

### RENEWALS AND INCREASE.

The season of the year has come when most of the subscribers to the Medical and Surgical Reporter renew their subscriptions. In doing so we would urge upon them the importance of renewed efforts to EXTEND OUR CIRCULATION. They will thus give us the means to further improve the work. Will not each subscriber exert himself to send a *new name*. A very little effort would double the circulation of the Reporter, to the manifest advantage of all concerned. Let us have the effort!

### THE COMPENDIUM.

The announcement of the Half-Yearly Compendium of Medical Science has been received with much favor, and a large number of names are already booked for it. Its plan is calculated to make it popular and useful, and we have every reason to believe that it will give satisfaction. We intend that it shall be the best work of the kind in the English language. Will the readers of the Reporter aid us in its circulation?

### THE DAILY POCKET RECORD.

A revised edition of this work has been prepared, and will be ready in a few days. The list of New Remedies has been extended, and there has been added Doses of Medicines for Hypodermic medication, Inhalation, and for Suppositories and Pessaries. The classified List of the articles of the materia medica has been entirely re-written, and the prices revised. Tables for the Examination of the Urine, and of Normal Weights and Measurements of the human body have been added. Also blanks for a Cash Record. The book will also be some narrower than the last edition, and there will be an edition for double the number of patients weekly. When desired, we stamp the name on the tuck.

This work has been received with marked favor, and anticipating a large sale, we have provided a large edition.

### THE NEW YORK NATION AND HOMŒOPATHY.

It is an excellent quality in a disputant to confess a palpable hit when he receives one, but it is a hard thing to do. We rather feel, therefore, for the *Nation* in the discussion it has inaugurated lately about homœopathy. A most admirable letter from Louisville, Kentucky, has knocked into fragments a pretty edifice of argument it reared a few weeks ago, while discussing the action of the New York Academy of Medicine, on expelling a member for consulting with a homœopathist. The *Nation*, unable to meet its adversary, unwilling to confess frankly that it is down and worsted, takes refuge in such school boy logic as the following:

"It does not seem 'absurd' to suppose that such doses [*i. e.* the infinitesimals of the homœopathists] affect the human frame. 'Common sense' is no guide in such matters, as everybody knows who has the slightest knowedge of the history of science. 'Common sense' said for a long time, that the sun moved round the earth, but common sense was wrong. Therefore we say that allopathic doctors may not insist on 'the demonstrable absurdity' of the homœopathic practice, for the simple reason that they cannot 'demonstrate' it."

This is fine reasoning for a journal claiming to represent the best American talent. Not to speak of the blunder of styling scientific practitioners by the term 'allopathic' (when in fact they are just as much 'homœopathic' in the proper sense of that word), it is comical, to say the least, to see the *Nation*, which on occasion is so "positive" in its philosophy, throw overboard common sense, *i. e.* the generalized perceptions of humanity, in favor of an *a priori* theory, quite at variance with individual and general laws. Accept its arguments as sound, grant that every theory "not demonstrably absurd" should be welcomed and accepted as of probable equal value with the results of experience, why not admit the mesmerist with his hallucinations, the exorcist with his holy water and horse shoes, the spiritualist with his "gifts of healing," the charlatan with his universal catholicon?

In fact, it was common sense that taught us that the earth moved round the sun. If not,

what was it? The *Nation* with an obliquity of intellectual vision, not, we are glad to say, of very frequent occurrence with it, perpetrates the blunder of supposing that with rational medicine rests the *onus probandi*, that it is bound to accept all theories which it cannot prove false. Whether this manifests much beyond "the slightest knowledge of the history of science" is too open a question to be worth discussion.

That many absurdities have been received and partially endorsed by scientific medicine is too true; and the reason is, that it has followed too much the course which the *Nation* sees fit to define as its "philosophical" one. Let it countenance homœopathy, and it will add yet another to the already long enough list, and future reviewers some five hundred years hence, will throw homœopathy in its face with not less scorn than the *Nation* now does the "Doctrine of Signatures."

## THE SIGLER CASE AT PATERSON, N. J.

Some months ago we published and commented on some of the evidence of what purported to be a case of inhuman treatment of insane persons and children, on the part of Mr. Sigler, the Superintendent of the Poor-House at Paterson, N. J. We supposed from the testimony and comments that we had seen, and from the statement that a true bill had been found against Mr. Sigler by a Grand Jury, that the case was sufficiently plain to warrant the comments we made. We have, however, received a note from a source entitled to respect, inclosing some counter testimony, and claiming that injustice was done to Mr. Sigler. It seems, too, that the jury in a case before it—which is supposed to be a representative one—brought in a verdict of *Not Guilty*.

Without desiring, or intending to open our columns to a review of this case, we give Mr. Sigler the benefit of the above statement. At the same time there seemed to be quite as strong testimony on the other side, though one of the Paterson papers claims that it was manufactured testimony. We strongly suspect from what we have seen of the evidence on both sides, and from the position the Paterson papers occupied in the case,—one of them, we believe, for, and the other against Sigler, that it had a political or other partizan aspect. Knowing what the temptation is to maltreat insane persons, especially when they are not under strict and competent medical supervision, we should want to be sure that the investigation of charges of that character were free from partizan bias, or that they were so thoroughly sifted that the truth was fully developed. Besides, the ideas of most persons, and some physicians too, of what would be "cruel" treatment of the insane, and what would be proper "discipline" for children who are "only paupers," are rather crude.

However, we are glad and willing to believe that Mr. Sigler's tender mercies were not as cruel as they were represented to be.

## HOW TO PRODUCE THE SEXES AT WILL, AND HOW TO PREDICT THE SEX OF THE FŒTUS.

We lately called these, hard questions, and certainly they are so. But what could be more important than to be able to produce male or female children, as we wished? To control as might be desirable, the per centage of sexes in a population? To bring about that happy equipose when there would be no sighing maids at home, nor want of warriors in the field?

Many a plan has been suggested, and perhaps among them some have not received the attention they merit. Some physiologists have supposed that one ovary produces males, the other females. The suggestion has been made, that did the woman, immediately after congress, lie a while on one side, she would always have one sex for offspring. We have learned from a lady who tried this in eight conceptions, that turning on the left side produced always males, on the right, females.

But a more plausible theory is that of M. Thury, professor in the Academy of Geneva. He observed that the queen-bee lays female eggs at first, and male eggs afterward; that with hens, the first laid eggs give female, the last, male products; that young bulls, who meet the female at the first signs of heat, generate heifers more frequently than old bulls who are exhausted and do service later; that mares, shown the stallion late in their periods, drop horse-colts rather than fillies. He formulated, therefore, this law for stock raisers: "If you wish to produce females, give the male at the first signs of heat; if you wish males, give him at the end of the heat." We have before us the certificate of a Swiss stock grower, son of the President of the Swiss Agricultural Society, Canton de Vaud, signed in February of the present year, which says, speaking of the accuracy of this law:

"In the first place, on twenty-two successive occasions, I desired to have heifers. My cows were of Schwitz breed, and my bull a pure Durham. I succeeded in these cases. Having bought a pure Durham cow, it was very important for me to have a new bull, to supersede the one I

had bought at great expense, without leaving to chance the production of a male. So I followed, accordingly, the prescription of Professor Thury, and the success has proved once more the truth of the law. I have obtained from my Durham bull six more bulls (Schwitz-Durham cross) for field work; and, having chosen cows of the same color and height, I obtained perfect matches of oxen. My herd amounted to forty cows of every age.

"In short, I have made in all twenty-nine experiments after the new method, and in every one I succeeded in the production of what I was looking for—male or female. I had not one single failure. All the experiments have been made by myself, without any other person's intervention; consequently, I do declare that I consider as real and certainly perfect, the method of Professor Thury."

In August, 1863, M. Thury submitted his plan to the Academy of Science at Paris. It was tried on the recommendation of that body, on the Emperor's farms, with, it is alleged, the most unvarying success.

A farmer in Louisiana writes thus to the "*Turf, Field, and Farm*," in reference to this law, as applied to men. "I have already been able in many cases to guess with certainty the sex of a future infant. More than thirty times, among my friends, I have predicted the sex of a child before the birth, and the event proved nearly every time that I was right."

The idea was not new. As long ago as July, 1863, Dr. Packam, of Wimborne, wrote to the *London Lancet* that, "In the human female, conception in the first half of the time between menstrual periods produces female offspring, and male in the latter. If a woman is "out" in her reckoning, if she goes beyond the expected time, the babe generally turns out to be a boy."

The husband, therefore, who would, with Macbeth, say to his wife,

"Bring forth men-children only,"

let him avoid exposing her to conception during the first half-term of her inter-menstrual period.

The value of this as a means of prognosis is obvious. It may be assisted by other observations. That, as many old nurses say, there is any difference in the figure of a pregnant woman when she carries different sexes, we do not believe. Nor is the one more active in "movements" than the other. But Dr. Frankenhauser, a few years since, in the *Monatschrift für Geburtskunde*, stated that the beats of the fœtal heart are more frequent in females than males. The mean frequency of twenty-eight female fœtuses is 144 in the minute—the lowest figure 138; the mean frequency of twenty-two male fœtuses is 120—the lowest figure 112. He thus predicted with great accuracy the sex of the unborn child, and only failed, indeed, when either the pains of labor or the illness of the fœtus had deranged the natural action of the heart.

Such, in brief, is about the sum of our knowledge on this interesting subject. We are near enough to a solution, to encourage us to give it further and more earnest study.

# Notes and Comments.

### Surgeon-General's Report.

We find the following very brief abstract of the Surgeon-General's Report, in an abstract of the Report of the Secretary of War.

"The report of the Surgeon-General shows that that department is in possession of the records of two hundred and forty-four thousand seven hundred and forty-seven white soldiers who have died during the war, and of the records of nearly thirty thousand negro soldiers, and of over thirty thousand rebels. The department has also the records of two hundred and eight thousand soldiers who have been wounded and disabled in the service. The average annual strength of the white troops in service is a little over forty-one thousand, and the sick report shows one hundred and twenty-two thousand entries. The army mortality during the year has been about fifteen hundred. The number of white and colored soldiers discharged for physical disability during the year is about seven hundred. Nearly eight hundred pieces of artificial limbs, such as arms and legs, were issued during the year to soldiers. In the fund of the medical department, there is a balance of over two and a half millions."

### An Advertising Dodge.

The following card has come to us from an unlooked for source; and we give it a place in the columns of the Reporter, as a specimen of a mode of advertisement, which, to say the least, is very objectionable. Indeed, it would be difficult to defend it as strictly professional.

———— ——— ————, M. D.

Late Surgeon U. S. Volunteers Army; Late Surgeon in charge U. S. Hospital at ———; Secretary of the ——— Medical Society; Member of the New Sydenham Society of London, etc.

————, T. ————.

The orthography on the reverse of this card does not evince the attainments we would be led to expect from the parade of titles, found on the obverse.

# Crorespondecne.

## FOREIGN.

### Letter from Paris.

Paris, Nov. 10th, 1867.

A curious scene took place the other day in one of the private anatomical classes that cluster around the Ecole de Medecine, and supplement its august instruction. Every one knows the name of Dr. Auzoux, the famous fabricant of anatomical models, whose mannikins traverse the Atlantic, and find their way into every medical school in the United States. These mannikins are manufactured in a little village near Paris, and eighty workmen and women are employed in the factory. Over this community, Dr. Auzoux watches with fatherly interest, and besides attending to the wants, the morals, and the private life of all his employés, he provides them all with anatomical lessons. This last, of course, is as much in his interest as theirs, since no one would undertake the precise and difficult work required, without a special training. All the eighty employés become expert anatomists, without having ever seen a cadaver or handled a scalpel. M. Auzoux takes great interest in promoting marriages among the *ouvriers* and *ouvrieres* who settle in the village, and, in course of time, send children to work in the factory of their beloved master. The consequence is that all the village knows anatomy, just as in Montaigne's time, all the village in which he lived learned how to speak Latin, because his father trained the servants of his household to talk in Latin to his son. It is said that the very cows are acquainted with the structure of their own bodies.

To prove the proficiency acquired by these peasant anatomists, Dr. Auzoux brought three of his workpeople, one man and two young women, to Dr. Fort's anatomical class, and examined them before an amphitheatre crowded with students. The examination was long and minute, and conducted not only by Dr. Auzoux, but by Dr. Fort himself. The answers were invariably correct, and showed a minute and intelligent knowledge of anatomy, superior to that of many medical students presenting themselves for the *doctorat*. Dr. Auzoux, with just pride, pointed out the result as a striking proof of the utility of his preparations as a means of assistance in committing to memory the vast collection of anatomical details required in a medical education.

The *re-entrée* of the Ecole has been signalized this year by a curious incident. Two days after the opening of the course, arrived in Paris the news of the defeat of Garibaldi. The students of the Ecole, eager to show their sympathy for the erratic champion of liberty, and their disgust with the intervention of the French government, seized some pretext during a lecture by M. Savarret, to raise cries of "Vive Garibaldi! a bas le pape!" The unlucky professor endeavored in vain to restore order, and call his tempestuous audience to the calmer topic of physical electricity. In vain; the cries continued, and the lecture was broken up in confusion. Of course, the government immediately came down upon the Dean of the Faculty, who excused the circumstance on the ground that the tumult must have been excited by strangers who had surreptitiously introduced themselves, like wolves in sheep's clothing, among those innocent lambs, the medical students. Of course, no one believes this ingenious fiction, but it is accepted, to avoid the disagreeable necessity of closing the Ecole. The punishment is limited to closing the great gates, compelling the students to enter at a side-door, and to present their cards to various "sergeants de ville," extemporized for the occasion out of all the *garcons* and *employés* belonging to the Ecole or the Ecole Pratique opposite. On this account, the service at the latter institution is considerably deranged. "Imbeciles, that you are," exclaimed an irate professor, entering his amphitheatre after a vain search for his *garcon*, and addressing the "lambs," "on account of your stupid tumult about Garibaldi, not a man is left in the Ecole to bring in the subject! Could you not have had more sense!"

So closely are events connected, that the Pope cannot shake on his Roman throne, without deranging the demonstrations of a Paris amphitheatre!

In the hospitals, the effects of the re-entree are experienced, not so much by the students as by the more (or less) happy patients, who return to the hands of the chefs de service, returned from the vacations with their strength and their theories renewed like giants. In M. Bouillaud's service, for example, the lancet has lain quiet for two months, and rheumatisms have succumbed to sixty-grain doses of sulphate of quinine, and pneumonia to tartar emetic, as incontinently as if bleeding had never been invented. But the provisory chef has finished his term of office, M. Bouillaud, stethoscope in hand, resumes in La Charité the daily business of fifty years, and, presto! everything is changed. Day before yes-

terday, there entered the ward a young man attacked with acute articular rheumatism. He was bled three palettes (300 grammes) the evening of his arrival, and the next morning the pulse, which had been 100, had mounted to 120. The sounds of the heart had begun to assume that peculiar metallic timbre characteristic of nervous or anemic patients. The pain was not in the least relieved, but the patient declared that his head felt much freer than before the bleeding. On the second morning the bleeding to three palettes was renewed, and an application of scarified cups ordered around the base of the thorax. This latter procedure was more especially directed against the possibility of endo-carditis. M. Bouillaud admitted that there was but the rudiment of a souffle at the pericardium, but that these minimum proportions were due to the preservative influence of the first bleeding, and further spoliation was required to warn off the threatened danger.

You know that to M. Bouillaud belongs the honor of the discovery of endo-carditis, and of its connection with articular rheumatism. It constitutes, therefore, his *bete noir*, and since in every case of rheumatism he foresees the possibility of a complication that may determine an incurable and ultimately fatal heart disease, he deems himself called upon to act with heroic energy.

I confess, the theory of the treatment seems to me, peculiarly in this case, unreasonable, from the fact, that since bleeding increases the proportion of fibrine in the blood, the danger of thickening of the valves of the heart by fibrinous deposit should be increased. As to the practical result, I shall be better informed when I have observed the treatment in M. Bouillaud's wards during several months.

The only case of rheumatism that I have seen treated by bleeding, before entering the wards of M. Bouillaud, occurred in the service of Moutard Martin, at Beaujon. This physician habitually pursues the quinine treatment. In the case in question, however, although the inflammation was mainly concentrated at one knee, the effusion abundant, the joint pale and but moderately painful, so that the local symptoms indicated a subacute form of the disease, the pulse was 112, the skin hot, and the general aspect rather that of the acute form, and threatening the heart. The patient was bled twice, to three palettes; but the pulse remained exactly at 112 for an entire week, and the local affection seemed to pursue its course with very little regard to the treatment.

The quinine treatment was invented by Briquet, a physician of La Charité, well known for his work on hysteria. Wishing to experiment on the action of sulphate of quinine, he administered it to all the patients in his service, among others the rheumatismal patients. These latter unexpectedly recovered. Upon this hint, the experiment was pursued further in this direction, and the valuable influence of sulphate of quinine over rheumatic fever has been unquestionably demonstrated. Briquet gives it in five gramme doses (about one hundred grains) taken in divided paquets throughout the day. M. Ball, who supplied M. Bouillaud's place during the vacation, treated his patients to three gramme doses (sixty grains). But at Lariboissiére and Beaujon, MM. Hérard and Moutard Martin commence with seventy-five centigrammes, and gradually increase to two grammes—never passing this dose.

It is this latter method that I have had an opportunity of observing on the most extensive scale, and the results are certainly satisfactory. The most favorable cases for treatment are those in which the inflammation is the most generalized and the fever most acute, in these the pain and fever were notably ameliorated the third or fourth day. The pain was never relieved before the fever, though the latter sometimes fell while the pain persisted, though more moderately. Almost always, where this persistence was marked, and the disappearance of the fever complete, the disease tended to assume a chronic form, over which the quinine had very little control.

In the few cases that I saw treated by five-gramme doses, the amelioration was generally marked by the second day. In one of these, however, a regular chronic rheumatism developed in the hands, which assumed the deformation characteristic of nodulous rheumatism. In another, the treatment was at first entirely ineffectual, was suspended, and another substituted, which also brought no relief. The quinine was resumed, and the fever immediately broken.

With this high dose of the sulphate, the treatment was persisted in five or six days. The more moderate treatment was persisted in during seven or eight. Interruption of the treatment earlier than this was usually followed by a relapse of the disease.

Monarticular rheumatism was extremely obstinate, and in no case have I seen it yield to the quinine treatment. Several cases occurred in which the inflammation was confined to one foot, which became œdematous, (the gouty rheuma-

tism of English authors.) In one of these cases, a blister finally conquered the inflammation, in another, the application of collodion was equally successful after the rheumatism had lasted two or three weeks and resisted the quinine.

In one case of this rheumatism of the foot, the patient died, carried off by an endocarditis, or, to speak more accurately, by the accumulation of fibrinous clots in the heart, which could be partly attributed to inflammation of its lining membrane, partly to the general influence of rheumatism on the blood. The rare opportunity was thus afforded of examining the tibio tarsien articulation that had been the seat of the rheumatism. About a teaspoonful of clear yellow serosity was found in the articulation. The synovial was not thickened, but in three points appeared a spot of redness, indicating the congestion that had not altogether subsided. The material reality of the lesion in rheumatism received, therefore, another confirmation.

The theory of the action of sulphate of quinine is based upon its influence on the nervous system. It is supposed to shock the nerves, as in the case of intermittent fever, and by stimulating them, arrest the process of disassimilation which proceeds perhaps with such rapidity, because the usual influx of nervous force has been withdrawn.

While speaking of rheumatism, I must mention a rare case of rheumatismal meningitis that occurred at La Charité. The patient was brought to the hospital in a state of apparently apoplectic coma. All the limbs were insensible, but not entirely flaccid, the left arm and leg especially, resisted pressure tolerably well. They fell however when raised, and the patient could make no effort to sustain them. The eyes were closed, the pupils however were moderately dilated and dilatable by the flame of a candle. The mouth was a trifle deviated to the left, but the alteration was scarcely noticeable. The patient could not project the tongue when told to do so, though she seemed to have an obscure appreciation of questions addressed in a loud tone—occasionally the eyes opened spontaneously, and the patient made some vague movement with the arms. Paralysis of the bladder and rectum.

These accidents had been produced suddenly the day before admission. The morning had been signalized by a great amelioration of the rheumatism which had existed for ten days at the knees and ankles. In the afternoon, the patient began to sink into coma, which rapidly increased, and the physician, much alarmed, sent her to the hospital.

The patient succumbed three days after admission. At this date all sign of swelling and redness had disappeared from the knee-joints. The coma had never been interrupted. At the autopsy no trace of hemorrhage was found in the cerebral substance, but the ventricles were dilated with serous fluid, and the arachnoid covering them, showing traces of an acute inflammation, similar to that occurring in the serous membranes of the articulations. The metastasis was perfectly demonstrated.

Dr. Thomas has written an interesting memoir on the operation of cataract, by tearing the capsule of the lens, based upon facts observed at Lariboissiere in the service of M. Cusco, with whom this is a favorite method. The following are said to be the indications for attempting the dissolution of the diseased lens in the aqueous humor of the anterior chamber, instead of extracting it immediately. All soft cataracts, and especially if they occur in children or adult patients; cataracts developed in the posterior stratum of the lens, which are frequently secondary to disease of the choroid or ciliary body; finally traumatic cataracts, in which are iritic or choroidal complications, are always to be dreaded, even in consequence of the traumatism, and much more therefore, after an operation by extraction.

The memoir relates the case of an operation performed for a double cataract, where the vitreous body was much softened in both eyes, so that the danger of escape of the contents of the eye, during the operation of extraction, was considerable. In the right eye, the opacity occupied the anterior and posterior strata of the crystal lens, but was most extensive in the posterior. The nucleus of the lens was transparent. The opacity existed in the form of radiations, directed from the cortical strata towards the nucleus. In the left eye, the lens was entirely opaque, and this was selected for the operation. The needle was introduced by the external border of the cornea, and penetrated to the lens, which was found to be hard and persistent. In attempting to draw it forward, to tear the capsule more completely, M. Cusco drew the lens into the field of the pupil. M. Cusco always endeavours to make two incisions by the same movement, by which three triangular flaps are formed, and the chance is avoided of the closing of the wound. It is not indispensable to draw the fragments of the lens into the anterior chamber, since the aqueous humor is sure to penetrate if the capsule be once torn.

In the case in question, the operation was repeated three times at intervals of seven days, a

month, and three weeks. Only once was any inflammatory reaction excited, and it was speedily subdued by bleeding, diet, and the local application of atrophine and cold water. The lens was notably diminished by a week after the second operation, and still more so when the patient left the hospital, ten weeks from the date of the first. At that time, the remnants of the lens still occupied the pupil, but by means of the space left, free light was able to fall upon the retina, and the patient could distinguish large objects. The presence of the lens in the anterior chamber occasioned no accident. The cataract in the right eye rapidly attained maturity after the operation on the left. Since the process of resorption was still going on at the moment that the patient left the hospital, there was reason to hope that the sight would become even more restored. This result actually obtained, must be considered highly satisfactory, in view of the extreme difficulty of the case.

At M. Cusco's clinique the other day, I had an opportunity of observing a most interesting case of luxation of the crystal lens. The patient, a woman of fifty-six years old, strong constitution, and having always enjoyed excellent eyesight, received one day a blow on the forehead from a piece of wood, which flew up as she was splitting it. Immediately the eye on that side inflamed, and the inflammation continued active for two or three weeks, then completely subsided. But the patient then discovered that the vision of this eye had become extremely troubled. If she held the head down, she could see pretty well, but in looking directly before her, everything seemed blurred. No pain remained in the eye. On examination, seven weeks after the date of the accident, the eye was found perfectly free from all inflammation, but the crystal lens was loosened from its attachments, and oscillated up and down behind the pupil. Generally it occupied the lower half of the field, and then if the patient held the head perfectly steady, or somewhat lowered, rays of light could pass over the lens, and reach the retina. But the body stirred at the least movement, and, shifting in all positions in the pupil, continually offered new obstacles to the transmission of light.

M. Cusco seized the opportunity to describe a case of congenital luxation of the lens, that he had observed in his practice. In this case the lens was fixed, but instead of occupying exactly the pupil, it had, in both eyes, been pushed outwards, so that the inner border was on a line with the vertical diameter of the pupil. The consequence was that the patient was at the same time myope and presbyope, according as the rays of light traversed the lens or fell directly on the retina, across the space left free. The vision therefore was extremely perplexed. M. Cusco succeeded in remedying the defect by an ingenious pair of spectacles, by means of which a lens was supplied to that portion of the pupil which was left open, and the great convexity of the natural lens corrected.

The *Union Medicale* contains an account of a most remarkable case of uterine rupture, related by Dr. Chereau. The patient was already the mother of six children, and the accident occurred during the seventh accouchement. On this occasion, the first stage of the labor proceeded regularly, the uterine neck dilated well, but after the rupture of the amniotic pouch a loop of the umbilical cord escaped by the vulva. The sage femme was frightened and sent for Dr. Trossat, who tried in vain to replace the cord, and then counselled patience and waiting. The expulsive pains continued with excessive violence for an hour and a half; then the patient suddenly experienced a sensation in the belly as if something had given way, she became horribly pale, pulseless, and fainted. Upon exploring the vagina, the sage femme discovered, instead of the fœtal head, a spongy mass, like a sort of magma. Recalled in great haste, M. Trossat discovered the following state of things. The abdomen was bilobed, presenting a marked depression in the centre; the right hand, introduced into the vagina, penetrated into the abdominal cavity, and reached the left foot of the foetus; a large breach existed in the left side of the body of the uterus, and through this opening the fœtus had in great part escaped into the peritoneum, being placed as it were, astride on the edges of the wound. The left foot was first withdrawn, and maintained in place by a cord, then in succession, the right foot and the arms were drawn into the uterus, and finally, with a finger crooked into the mouth of the child, the skilful accoucheur was able to draw the entire body from the peritoneal cavity. The rest of the delivery was then affected with the greatest facility. But as soon as the uterus was disembarrassed of its contents, a mass of intestine escaped by the breach. Four times the intestine was pushed back into place, and four times it reappeared between the thighs. Finally, the patient was placed in an inclined position, with the basin elevated, and the head much lower, and by this means the intestines were retained in place.

Of course a frightful peritonitis ensued, which continued five weeks. Nevertheless, the patient

recovered completely, the menses were re-established at the end of sixteen months, and four years later, the woman was confined for the eighth time, and in perfect safety.

M. Laforgue of Toulouse has made some researches on the subject of the accouchement of epileptic women, and has arrived at certain conclusions different from those generally held. In the case of the women whose attacks had continued, sometimes with great violence throughout the pregnancy, the travail of childbirth was entirely free from any symptom of convulsion, and the children were born alive and healthy. M. Laforgue, basing himself on an analysis of these facts, infers that eclampsia and epilepsy are really antagonistic, instead of mutually predisposing to each other, and that there is less to apprehend in the accouchement of epileptic patients, than of others with only a general tendency to nervous disease.

### Beef-Eating Frenchmen.

Editors of Medical and Surgical Reporter:

In your issue of the 16th of November is a paragraph with the above heading, in which it is stated that the Franco-Canadians eat a great deal of meat, while the Anglo-Canadians eat very little. That the former are robust, while the latter are less vigorous, and that pulmonary diseases prevail among them. With your permission, I would wish to offer a few remarks thereupon.

I am ignorant of the data upon which the above conclusions are based; but beg respectfully to observe, that I think there must be some mistake. If by the term meat, fresh or butcher's meat is meant, I think it will be found that the French Canadians, if I may except those living in towns—yet perhaps not—have for their chief food salted pork.

Respecting the Anglo-Canadians, I can speak more confidently, when I say, that in the towns and villages they consume a good deal of beef and mutton; while among the rural population pork is the more common animal food; very many of them use beef, and mutton, and veal frequently, and mostly all occasionally, and at other times eat plenty of poultry, eggs, and milk.

From a paper recently published, which was read before the International Medical Congress at Paris in August last, upon tuberculosis, from the hands of Dr. Caniff, it will be seen there are no vital statistics existing, by which it can be learned definitely the relative number of consumptives among the two races. But facts are adduced to show, that among Canadians of both origins—French and English—tuberculous diseases are less frequent than in other countries. The same paper shows that longevity in Canada is very great, especially among those who originally settled Canada from the United States, at the time of American independence.

Anglo-Canadian.

*Ontario, Canada, Nov.* 22, 1867.

## DOMESTIC.

### The Academy of Medicine and the Homœopathists.

[The following was communicated to the N. Y. *Evening Post,* and we transfer it to our columns, believing it is worthy of permanent record.—Eds. Med. and Surg. Reporter.]

The attitude of the Academy of Medicine towards homœopathy, and every other exclusive system of medicine, is very much misunderstood by the public. The regular school admits most distinctly, that every remedy may be beneficial against some one or more diseases; and that it is the duty of the true physician to make himself acquainted with as many curative procedures as possible. The profession is broadly catholic, and accepts improvements from all quarters; but it is also necessarily somewhat conservative, and will not hastily abandon approved methods until it is sure that better have been found. It also imperatively demands that all so-called improvements shall be in accordance with common sense and good judgment; and while it cordially welcomes every real advance in every department of medicine and surgery, it determinedly resists all extremely revolutionary and completely subversive systems.

Thus it must reject the extreme homœopathist with his one law of treatment, and his excessively minute doses. For it knows that the law of similarities is only partial, or even only an apparent truth; because a similar thing differs somewhat, as well as resembles a great deal; hence, a so-called homœopathic remedy acts somewhat differently from, or really allopathically to the disease it is given to cure. In the regular school, remedies are given which act either similarly, differently, or antagonistically, to the action of the disease, just as experience and reason require; for this is merely giving medicines which act slightly, greatly, or extremely different from the morbid action. It has no objection to the law of similarities as a partial truth, but rejects homœopathy when it claims to be the only true system of medicine. It rejects infinitesimal doses, because they are not only irrational in themselves, but are rejected by the major part of

the homœopathists also. The more rational of the homœopathists not only use doses which are not homœopathic, but they are also often obliged to fall back upon the remedies of the regular school in many cases of severe suffering and great danger. Hence, as many of the homœopathists use their medicines in an "allopathic" way, and use "allopathic" remedies besides, they must be rejected as long as they publicly claim that homœopathy is an universally true system of medicine. They are simply regarded as recreant "allopathists." They get all their knowledge of anatomy, physiology, surgery, midwifery, etc., etc., from the regular school, and a large portion of their materia medica and therapeutics, and merely use a few new or old remedies in a peculiar way. Whenever they condescend to use their own remedies in a rational and professional way, and give their "allopathic" doses and remedies without mystery or concealment, there will be no quarrel with the Academy of Medicine. Every new remedy which they may discover, every old remedy which they may use in novel and useful ways, will be honestly and carefully tested. The regular school already use many of the so-called homœopathic remedies far more scientifically and wisely than the homœopathists themselves. There is no illiberality against the use of any medicine which is brought forward in a frank, rational and professional way. There is the largest and broadest freedom for the use of any and every remedy which has simple and rational experience in its favor. P.

*New York, Nov.*, 1867.

# News and Miscellany.

### Electric State of the Atmosphere in Certain Regions.

In a paper addressed to the French Acacemy of Sciences, Mr. J. Fournet treats of a new and curious subject, viz., the electric state of certain regions. In the mountains of the basin of the Rhone and their offshoots, there are some spots distinguished for their evolution of electricity, which is sometimes very remarkable; while others, though apparently identical in surface, are in a state of absolute electric neutrality. Some very striking instances of this are quoted by M. Fournet. On the night of August 11, 1854, when Mr. Blackwell was on the Grands-Mulets, at an altitude of 3,455 metres, the guide, F. Couttet, on leaving the hut, perceived the surrounding ridges apparently on fire. He immediately called to his companion to witness the scene, which was owing to a tempest. Their clothes were literally covered with electric sparks, and their fingers, when held up, were phosphorescent. At that very time Lyons was visited with a deluge of rain, and the whole day had previously been exceedingly stormy. In 1841, as the same guide was accompanying M. Chenal up Mont Blanc, they were overtaken by a violent storm, and found themselves enveloped, as it were, in thunder and lightening. All the stones and rocks around them emitted electric flames, and yet the summit of Mont Blanc and the sky around it were perfectly clear. In 1867, Taussure, Jalabert, and Pictet were on the Breven, at an altitude of 2,520 metres. They soon experienced a strange prickling sensation at their fingers' ends on stretching them out. The sensation became stronger and stronger, and at length electric sparks could be drawn from Jalabert's hat-band, which was of gold lace, and even from the knob of his cane. As the storm was raging above their heads, they had to desend some 25 or 30 metres, where the influence of this electricity was no longer felt. Another instance of this occurred on the 10th of July, 1863, when Mr. Watson and several other tourists ascended the Jungfrau, and there the snow itself, which overtook them, proved to be electric.

### Dartmouth (N. H.) Medical School.

Dr. Dixi Crosby, LL.D., who succeeded the late Dr. Mussey in the Professorship of Surgery in the Dartmouth Medical School in 1838, proposes to retire from active connection with the school next year. He will then have completed his 30th course of lectures. Dr. Crosby is the only member of the Medical Faculty of 1838 now retaining position in the institution. Dr. Oliver W. Holmes was then Professor of Anatomy and physiology, and the Hon. Joel Parker, LL.D. of Medical Jurisprudence.

### Improved Syringe.

Among the patents recently granted, is one to Mr. J. J. Essex, of Newport, R. I. It is said to be applicable to all purposes for which a syringe is required, and consequently may be termed an "universal syringe,"—it being capable of being used as an enemata apparatus, or as a double syringe, and is portable and capable of being adapted for use in a moment of time. This improved syringe is of the modern class in which the pump (cylinder and piston) is dispensed with, an elastic belt used instead. The invention consists, 1st, in a receiver, or reservoir, provided with a glass, or transparent plate, inserted in its side, so that when the device is used for enema-giving purposes, a precise quantity of liquid may be used, to wit, a gill, pint, etc., as may be required and this receiver, or reservoir, is designed to accompany the apparatus, and form a part of the same. The invention consists, 2d, in a rose, or perforated nozzle, which is termed a "douche," whereby wounds may be irrigated with a delicate spray of warm or cold water, as may be required. This device is also valuable for cleansing or washing the eyes. The invention consists, 3d, in using in connection with an elastic bulb, as a suction and force pump, an elastic and metallic tube, placed at or attached to opposite ends of the bulb, and using in connection therewith an air chamber, all being so arranged that a continuous

stream may be thrown from the eduction tube, and the device adjusted to suit the various uses required of it. The invention consists, 4th, in a novel and improved arrangement of packing, whereby perfectly tight joints may be obtained.

### Carbolic Acid Gargle in Diphtheria.

Mix 20 drops of carbolic acid with a drachm of strong vinegar, or half a drachm of acetic acid, and shake them together. Add ʒij. honey, and ʒij. tinct. myrrh, and water to six ounces, This is highly extolled, as a gargle in diphtheria, by an English physician, who has never failed with it when it was used in the early stage. Tinc. of iron and quinia were used internally. Carbolic acid has a decided effect on the false membrane—*Pacific Med. and Surg. Journal.*

—— At a meeting on the 27 ult., of the New York Society for the Relief of the Widows and Orphans of Medical men, the following named gentlemen were elected officers for the ensuing year: President, Dr. W. Detmold; Vice-Presidents, Drs. E. L. Beadle, J. O. Stone, O. White; Treasurer, J. W. G. Clements: Managers, Drs. Delafield, Gileet, Taylor, S. C. Foster, Bulkley, Van Kleek, J. R. Wood. A committee was appointed to frame suitable resolutions, to be sent to the families of the six members who died last year.

Dr E. A. Kitzmiller, of Piqua, swallowed a vulcanite plate, containing two small teeth, recently. No injury resulted from the accident.

—— Dr. D. S. Young has been appointed to the Chair of Surgery in the Cincinnati Medical College.

—— During the yellow fever epidemic in New Orleans, a physician, while making haste to visit a patient in a critical condition, was arrested by a policeman for "fast driving," and actually detained in the station house all night. The patient, upon the non-arrival of the physician, exclaimed, "My doctor has given me up," and died.

Carbolic Acid in Diphtheria.—Formula, ℞. Acidi carbolici, m. xx; acidi acetici, f. ʒ ss; mellis, ʒij; tinct. myrrhæ, f. ʒij; aquæ, q. s.; M. et fiat gargarisma, f. ʒvj.

—— Well Done. A physician named Furst died lately in Buenos Ayres of cholera, while attending the sick. The Government gave him a grand burial, and granted a pension to his family of $120 for ten years, besides charging itself with the cost of educating his children.

[*Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.*]

## MARRIED.

Bernacki—Dominick.—In New York, Nov. 20th, at Christ Church, by the Rev. F. C. Ewer, D.D., Dr. Charles W. Bernacki and Sarah E., youngest daughter of Wm. C. Dominick, all of that city.

Chambers—Butcher.—In this city, Sept. 28, 1867, by Rev. John Chambers, Dr. Arthur Chambers and Mrs. Harriet F. Butcher, all of Philadelphia.

Foster—Watt.—Nov. 21st, 1867, by Rev. S. M. Sparks, W. S. Foster, M.D., and Birdie W., daughter of John Watt, Esq., both of this city.

Garvin—Coleman.—Nov. 19th, by the Rev. Joseph D. Newlin, J. J. Garvin, M. D., and Miss Clara Coleman, daughter of the late John M. Coleman, all of this city.

Goodhue—Davis.—In Concord, N. H., by Rev. S. Holman, Nov. 14th, Dr. Daniel P. Goodhue and Miss Abby J. Davis, both of Springfield, N. H.

Hutchinson—Harlan.—On the 28th ult., at the residence of the bride's father, by the Right Rev. Bishop Lee, Thomas C. Hutchinson, of Philadelphia, and Elgarda, only daughter of Dr. C. Harlan, of Wilmington, Del.

Whitehouse—Ostrander.—In Grace Church, Brooklyn Heights, Nov. 20, by Rev. E. A. Hoffman, D.D., rector, George M. Whitehouse and Helen, daughter of Dr. F. W. Ostrander.

## DIED.

Grinder.—At New Orleans, La., Nov. 25, 1867, of yellow fever, Actg. Asst. Surgeon F. D. Grinder, U. S. A., formerly Captain 3d Maryland Cavalry, and Brevet-Major U. S. Vols.

Story.—Dr. Richard Story, a well known physician of Cleveland, Ohio, was found dead in his bed on the morning of the 20th.

Vandyke.—In this city, on the 18th inst., Dr. F. A. Vandyke, in the 79th year of his age, formerly of Abington, Montgomery county.

## ANSWERS TO CORRESPONDENTS.

*Dr. A. H. S., of Iowa, and others.*—We repeat what we have already said, that when we have received money from subscribers and forwarded it to the editors of other journals with which we commute, we have no further responsibility in the case. If the journals are not received, application must be made to the several publishers, and not to us.

*Dr. L. L. S., of R. I.*—We are still prepared to furnish the Reporter and Braithwaite for $7.00 a year.

*Dr. H. C., of N. Y.*—We can supply back volumes at the prices mentioned in previous numbers of the Reporter.

*Dr. W. A. S. of Iowa.*—When books are sent by mail and are lost, they are not returned from the Dead Letter Office, and there is no way that we are aware of, of recovering them.

*Dr. T. M. W., of Tenn.*—For the information you wish about Banning's Braces, we refer you to that gentleman himself. His address is, 11 St. Mark's Place, New York city. An abscess bistoury costs from $3.00 to $3.50; silver catheter, male and female combined, $3.00.

*Dr. E. J., of N. J.*—Your remittance was duly received and acknowledged.

*Dr. D. J., of Ky.*—Your remittance was duly forwarded to the editor of the London Lancet, and we have his receipt. If you do not get it, you must apply to him directly.

*Dr. T. M. L., of Cal.*—The Transactions of the International Medical Congress have not yet been published.

*Dr. W. H. R., of O.*—Your letter and order have been forwarded to Dr. Banning.

*Dr. S. J. L. of Va.*—"What is the best treatment of spermatorrhœa?" The use you suggest of the urethral cautery is occasionally productive of good, but only rarely so. Spermatorrhœa is an extremely rare complaint, not half so frequent as the disgusting books crammed down the public throat, lead us to imagine. Cold water, honorable marriage, active physical exercise, assiduous study of the fixed sciences, according to the patient's idiosyncrasy, these, in ninety-nine cases in a hundred, will do far better than medication. Bromide of potassium in full doses, (a drachm every night,) is good, if the latter is demanded.

## METEOROLOGY.

| November, | 18, | 19, | 20, | 21, | 22, | 23, | 24. |
|---|---|---|---|---|---|---|---|
| Wind | N. W. | N. | N. W. | S. W. | N. E | N. E. | N. E. |
| Weather | Clear. | Clear. | Clear. | Clear. | Cl'dy. | Cl'dy. Rain. | Cl'dy. |
| Depth Rain | | | | | | 5-10 | |
| *Thermometer.* | | | | | | | |
| Minimum | 28° | 18° | 19° | 30° | 32° | 46° | 43° |
| At 8, A. M. | 32 | 25 | 29 | 43 | 39 | 50 | 50 |
| At 12, M. | 35 | 37 | 46 | 51 | 50 | 53 | 54 |
| At 3, P. M. | 36 | 37 | 46 | 62 | 51 | 54 | 53 |
| Mean | 32.75 | 29.25 | 35. | 46.50 | 43. | 49.25 | 50.75 |
| *Barometer.* | | | | | | | |
| At 12, M. | 20.1 | 30.3 | 30.3 | 30.3 | 30.3 | 30.3 | 30.3 |

*Germantown, Pa.* B. J. Leedom.

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WINTER COURSE OF EXAMINATIONS will begin with the lectures in the University of Pennsylvania in October, and will continue till the close of the session.

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| " et Rhei | 75 |
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| Chinoidin: Comp: | 1 00 |
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| Coloc: Comp: 3 gr. (Ext: Coloc: Comp: U. S. P) | 80 |
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| Fel: Bovinum | 50 |
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| Ferri et Quass: et Nuc: Vom: | 75 |
| Ferri et Quin: Cit: 1 gr. | 75 |
| " " " 2 gr. | 1 40 |
| Ferri et Strychniæ | 75 |
| Ferri et Strych: Cit: | 75 |
| Gambogiæ Comp: U. S. P. | 40 |
| Gonorrhœa | 60 |
| Hepatica | 90 |
| Hydrargyri, U. S. P. 3 gr. | 40 |
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| Ipecac et Opii, 3½ gr. (Pulv. Doveri, U. S. P.) | 50 |
| Leptand: Comp: | 1 00 |
| Lupulin, 3 gr. | 40 |
| Magnesiæ et Rhei, (1 gr. each,) | 40 |
| Morphiæ Comp: | 1 50 |
| Opii, U. S. P., 1 gr. | 80 |
| Opii et Camphoræ | 90 |
| Opii et Camph: et Tannin. | 90 |
| Opii et Plumbi Acet: | 80 |
| Potass: Bromid: 1 gr. | 75 |
| Potass: Iodid: 2 gr. | 85 |
| Quiniæ, 1 gr. | 1 45 |
| " 2 gr. | 2 75 |
| " Comp. | 1 75 |
| " et Ferri | 1 75 |
| " " " et Strychniæ | 1 75 |
| " " " et Valer: 2 gr. | 3 50 |
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THE

# MEDICAL AND SURGICAL REPORTER.

No. 563.] PHILADELPHIA, DEC. 14, 1867. [Vol. XVII.—No. 24.

## Original Department.

## Communications.

### ELEVATION OF STANDARD IN THE MEDICAL PROFESSION.

By Wm. Mason Turner, B. Ph., M. D.,
Of Philadelphia.

It is with no little reluctance that this paper is presented to the profession. I feel like offering an apology, for spreading on the leaves of a medical journal such an article—and I do offer an apology;—on what that apology is based, I leave to the discriminating reader to discern. I am not desirous of laying myself open to attack or criticism, or to have my motives misinterpreted, through the views I hold on a popular subject. In our profession there are many, I fear, who will eagerly and earnestly charge me with arrogance,—credit me with undue assumptions, and deny me the right of stand-point, from which I have taken the liberty to view and review the medical standard of to-day. So then, I simply desire to say: My aim has been good—my desire has been in truth, to add my mite of honor to our noble profession, and that I have written in no carping or cavilling mood. To the others of the profession, whom I will not particularize by a distinctive title, I desire to offer no insult, by finding excuses for the strictures, just and true, *they* will admit, found in the following pages.

"Magna est veritas, et prævalebit."

It is a matter of general report, and of equally general regret, that the medical profession in the United States does not on the whole, occupy a very commanding position. We may often see members of it, who so far from being a credit to it, would bring discredit upon any profession. Though this is to some extent true of all professions, it is no doubt, truer of the medical than of any other profession. In short, whatever may be said of individuals, of their great learning, splendid talents, with attainments, and accomplishments, yet taking the profession as a whole, and striking the average between the excellencies of some and the deficiencies of others, it will, I think, fall below the position occupied by other professions.

Compared with the other students of our colleges and universities, medical students—I regret to say it—are decidedly, almost confessedly, inferior. In one of the most distinguished universities of the country, the medical class bore the unenvied title of "Buzzards"! This was at an institution, too, different in some respects from every other in the country,—in this one particular markedly so—a *high* standard requirement, as regards graduation. This fact, with which the writer is well acquainted, shows what kind of men are generally selected to be manufactured into doctors.

It has perhaps been noticed by every candid observer of sufficient capacity, that men are frequently set aside for the medical profession, simply because they are considered unfit for any other! A family grows up, with several sons to be disposed of, one way or another; and while the most talented choose the bar or the pulpit, the latter "*called*," we trust—it is a notorious fact that the "fool of the family" is chosen,—not as in the case of Peter Simple, to fight the battles of his country,—but—pardon the strong though truthful language—to murder his fellow-men under the sanction of a Doctor's diploma!

I have given above, what I consider a plain statement of facts. They may be verified by any one who will put himself to the trouble of looking around him. I shall assume it then as admitted, that the medical profession of this country stands comparatively low. That this *ought to be* the case, few perhaps, if any, would venture to assert. The true physician is one of the greatest benefactors of humanity. He is, and must be a philanthropist, in act, at least, where all others fail. His object is to lessen or remove the physical ills to which flesh is heir; to restore the organs to their normal functions; to secure or replace the physical condition of the "corpus sanum," without which there can be no such thing as the "mens sana;" to save human life, which was breathed into man by the Creator himself,—a gift so sacred—so transcendentally important,

that no one should be deprived of it, except for the gravest of causes, and which, in the opinion of writers, as eminent for their talents as for their theoretical and practical philanthrophy,—even society itself has no right to deprive a man of. But when we compare the object of the profession with the representatives of the same, the contrast is too often painfully striking.

In the present state of the world, there is a need for men of every honorable profession; and it is useless, perhaps unphilosophical, to claim that any one profession is more useful than any other of equal grade. I shall not, therfore, assume that we could better dispense with lawyers, or other professional men, than with doctors. As long as humanity wears its present features, men will litigate, men will commit cruel wrongs, men will commit crimes, men will get sick. And just so long, lawyers and doctors will find employment. But granting the utility and inherent dignity of medicine, as a science and a profession, to be at least equal to those of the law, it seems strange, that in regard to lawyers, our colleges and the public generally, require a standard almost superfluously high, while the standard required for graduation as a physician is, simply, no standard at all; that ignorance of law should be an infallible cause of failure; that a lawyer should be laughed down for exhibiting ignorance of his profession, and ignorance generally, while greater ignorance by no means disqualifies a doctor from practising *his* profession. I will, with some diffidence and a great deal of shame, give some examples of ignorance on professional, as well as unprofessional subjects, displayed by medical students, and by regular graduates, occupying positions of responsibility and *honor*. "Ex uno disce [fere] omnes."

Among the graduates at a prominent Philadelphia medical school, in the year 1858, was a student who did not know the meaning of "matriculate"—(I do not mean in its derivative sense, but in its practical signification), nor "preceptor;" and in the same college, was one who did not actually know his post-office, or whether or not he had one! I have known at the smallest figure, for I have kept a statistical account, two hundred who knew not a word of Latin or Greek, and about the same number who could not write a prescription of three component parts correctly, either in Latin or English. I knew a medical officer in the Confederate service, who knew not the constituents of blue-mass, or the Dover powder. I knew a Surgeon in the United States Army who Latinized sugar thus—*sacca;* and who spelt lac assafœtidæ, *phonetically* thus: *lacfurdaddy!* Also, ol: anisi—*ol. anesy!*

Such are the results of our so-called standard for graduation in medicine. In reality this standard should be higher than for graduation in law. When a man comes before the public as a lawyer, he assumes a position in which, if his exact amount of talents cannot be well ascertained, yet it will very soon be known, whether he possesses any or none. But very few men are capable of deciding whether a man is or is not a good physician. The science of medicine is one of which non-professional men are so very ignorant—whatever they themselves may *think* on the subject—that the choicest of them are often deceived by quacks. Many circumstances conspire to make quackery an institution, as it were, of this country; among others, the peculiar nature of the science of medicine, and the general gullibility of man, and especially the existence of free institutions. In England, France, Germany, Russia, Europe generally, it does not exist as it does in the United States; and is always bound by wise restrictions, which it is needless here to enumerate. But whatever its origin, its effects upon society are distressing. Even the waste of money in purchasing nostrums, absolutely worthless, leaving out of question all inferable *harm*, is enormous; for it is a notorious fact, that three persons out of five will prefer a patent medicine to the prescription of a physician, in whom they may have great confidence. A quack medicine is successful—pecuniarily—not from its inherent virtues, but upon its daily heralding in print before the public, and its endorsement, strange to say, by clergymen. This is the plan pursued by quack nostrum-venders. Nor is it incompatible with the position I have assumed, that men should prefer a highly lauded quack article to the advice of a regular physician; for, fortunately perhaps, our reflecting men are aware of the comparative deficiencies of the medical profession. They should steer the middle course, but unwisely they exchange Scilla for Charybdis.

If what I have written above is an accurate representation of the real state of opinion and of facts in regard to the medical profession, it may be of importance to trace the causes thereof, as well as to suggest remedies.

*As regards the Causes.*

In this respect it might be said that the fault is partly that of the colleges, partly that of the public. The public at large are satisfied with too low a standard; college authorities do not exact one sufficiently high. The colleges are,

however, chiefly to blame. This may seem like arrogance in me, but it is true; for if the officers of these reject only about one applicant out of a hundred, I cannot see that the public are much to blame, except for encouraging them. Moreover, the officers of our institutions of learning should be such in point of abilities, as to know, long in advance of the public, what reforms are needed, to what extent, and in what direction; and this too, despite the circumstances above mentioned; which, to some extent, endanger the present state of affairs. It is very certain that the colleges themselves do not attempt, or have not attempted, a reform in this respect. The standard of a large majority of them, at least, is quite a farce. Is my language *harsh*, or is it TRUE? In some colleges, rejection of a candidate has not been recorded in a single instance. It seems, indeed, that no man of three ideas fails to get a diploma. The consequence is, that medical diplomas are quite common; and, indeed, so easily obtained, that they are of but little value. In our best colleges the standard is moderately fair, but they are no test for a student's capacity, as that student is just ten minutes before fresh from a *quiz* or *stuffing* room. This objectionable feature to be referred to generally, with its remedy, perhaps, again.

The graduate may be, and in a great many cases is, well worthy of a diploma from any school; but when a man, a thousand times his inferior in every respect, possesses a similar diploma from the same school, that diploma can scarcely be reckoned a true evidence of his professional qualifications.

As reform in the question of standard is so necessary, and the colleges will not inaugurate it, I suppose it must start, as other reforms have started, from the thinking men of the community, who usually perceive truths at least a generation in advance of those whose business it is to put them into practical operation. I am by no means egotist enough to place my humble self among these thinking ones; but they exist. The great reforms in legislation, in politics, in religion, have *all* originated in this way. The laws regulating commerce, the laws of political economy generally, the principles set forth in the English revolutions of 1648 and 1688, and in the great French Revolution, which bathed in blood the last years of the 18th century, had been current among philosophers years before they were practically applied by rulers and legislators. Perhaps the same will have to be true, in regard to the science of medicine. And it must be confessed that for medical colleges, as at present established, to adopt a high standard, would be pursuing a policy to some extent suicidal, in a pecuniary aspect. It is natural, that they should feel indisposed to adopt a policy, which, though very beneficial to the public, would nevertheless be so at their expense. This fact has, no doubt, a great deal to do with the present status of the medical profession among us. Many lazy men, unfit for the practice of medicine, or for anything which necessitates mental labor—study medicine, simply because they can easily obtain a diploma! To lower the standard, the larger will this class of students be. And it is not true, that inefficient graduates, in other departments, are equally injurious to society—for the simple reason—they have not the means nor the opportunity for becoming so. But the tide of doctors still pour in. If the mills of the gods grind slow, those of medical colleges do not; and from competition, desire of patronage, a wish to repay that patronage, with some "*quid pro quo*," however useless to the recipient, and dangerous to society; in a word, chiefly, no doubt, from the desire of pecuniary emolument, medical colleges offer remarkable facilities for graduation,—their halls are crowded with students, and every county has a dozen men, whose only business is to do badly, what true men might do well, to the benefit of society and of themselves.

This matter is more serious than many would, at first view, be apt to think it, and it is one in which all are to some extent interested. Instances of malpractice are frequently met with in our law reports, and men have been severely dealt with for what, in this respect, the law is pleased to consider a crime. The fact is, that malpractice is a *serious* crime, a crime of so dangerous and subtle a nature, that the courts should put it down whenever they can. But I think they commit one very material error—they mistake the criminal—they punish the wrong party; instead of the ignorant physician, it is the college which granted him the diploma, which *should be* indicted and prosecuted.

The status of the medical profession, as regards its standard in general, is attracting the attention of physicians, as may be seen from the Report on Medical Education, presented by Dr. STILLÉ, at the recent session of the American Medical Association. This leads me to say something about the *remedies* for the existing state of affairs in the medical profession. Dr. STILLÉ's report recommends in substance the following:

1st. That every applicant for matriculation be required to show, by certificate or examination, that he has a thorough knowledge of the com-

mon English branches of education, including the first series of mathematics, elements of the natural sciences, and a sufficient knowledge of Latin and Greek to understand the technical terms of the profession.

2d. That a student be required to study four years, three of them being "regular annual courses of medical college instruction," before being examined for graduation as Doctor of Medicine.

3d. That the minimum duration of such a course shall be six calendar months.

4th. This resolution is long, and enters into details, the most important of which are these: that there shall be at least *nine* professors to teach the several branches of study; that these several branches shall be divided into three series, termed respectively the sophomore, the junior, and senior; that each of these series shall occupy the student one term, at the end of which he is to be submitted to a thorough examination, and at the end of the third term, the student "shall be eligible for a general examination for the degree of Doctor of Medicine."

5th. That attendance at lectures and other exercises is to be noted, and a certificate, specifying time and courses attended, shall be the only evidence of such attendance.

Simply stating my general approval of the above recommendations, I pass on to notice some additional features, the adoption of which would, I think, improve the scheme as presented by Dr. Stillé. But

1*st. In regard to an Examination for Entrance.*

Many institutions of learning are quite exacting in this respect, either nominally or really, and they require students to pass an examination as well for entering college at all, as for entering particular classes. Many writers advocate the adoption of a similar system by our medical colleges, as is the case especially in some parts of Germany and Russia, where it is even said, the examination for *entrance* is more rigid than in the United States for *graduation*. In regard to this point I wrote to a learned friend, to get his opinion as to the utility or non-utility, or advisableness of an examination for entrance. I differ with his opinion, though it is one well worthy of consideration. For the sake of learning what might be called the "other side," I will quote the gentleman's opinion entire: "In regard to our literary institutions, certainly, and perhaps also in regard to our medical colleges, I am disposed to doubt the utility of a preliminary examination prior to entrance. Such examinations are seldom sufficient for founding a decisive judgment. A teacher cannot form a just opinion of a pupil's capacity or acquirements from a single *prepared* recitation, far less from one in which the student is wholly unprepared, and one which circumstances generally make him feel and seem less prepared than he actually is. It is very frequently the case, that students are sent home who are more capable than many who are received, and of the number received, many have subsequently to be *re-classed*, the preliminary examination having seemed wholly futile. It is better, no doubt, for all colleges and universities to have their standards as high, *from the first*, as they ought to be, and to *matriculate* every candidate, whether or not intellectually qualified, but never to *graduate* any one who falls below the standard. And I believe it to be true, that in colleges which adopt the examination system, entrance is about the most *difficult part of the course*, very moderate study throughout the period necessary for completing the curriculum almost always insuring a diploma."

To the above I would respectfully reply: I think, of course, that the examinations should be judicious, and carried on especially in a judicious manner. "Juncta juvant." If the objection, as above, is altogether true, then no examination, final or otherwise, is a test of ability. In our army and navy boards, there is much to overawe and frighten men; yet the old method, with a standard still higher, if possible, is still adhered to. The preliminary examination which I would advocate, is not intended to find out what an applicant may know of *medicine;* he is supposed to learn that science only when admitted within the walls of the college, but it is to determine satisfactorily if that student has a general education sufficient, and mind and reasoning power enough to warrant him to *begin* the study of medicine, by no means a trifling or puerile task. Surely, if a man has any faculty, and if he can command that faculty anywhere, he should be able to do so in this examination, in order to let those desiring it, know that he possesses certain qualifications.

Again, this preliminary examination would, in the end, be labor-saving; for if Tom, Dick, and Harry were indiscriminately matriculated, imagine what a dreadful slaughter there would be when the "high standard" would be brought to bear upon them! It seems to me, it is better to start with a class prepared to study, than to start with one from which, day by day, it would be incumbent upon the college officers, to winnow.

*2d. Oral Examinations Daily.*

By this means even a very large class may be examined, and that rigidly on the subjects previously discussed. All students who have been instructed this way, well know that they can thus frequently learn more than during the lecture itself. The introduction of such a system of examinations might demand a curtailment of the daily lectures, so far as *number* is concerned, and this would necessitate a lengthening of the term. This we have already endorsed as desirable. Are there any minds capable of digesting, within five months, a complete course of medical lectures?

The system of oral examinations is, if I am correctly informed, adopted in the medical departments of both Harvard and Yale Colleges.

*3d. The requirement of a certain amount of liberal culture and independent thought.*

The intimate relations of the several arts and sciences, is a theme of striking interest. So close, indeed, is the union in question, that no one can well or thoroughly understand any one science, without being, to some degree at least, acquainted with other sciences. So close, too, is this union and relationship, that a discovery in any one science will frequently throw light on some other, in a way wholly unexpected. Examples might be cited *ad libitum*. The readers of Mr. Hugh Miller's beautiful lectures in his several geological works, especially in his master-piece—*The Testimony of the Rocks*—will readily recall the important relations which the lecturer establishes between natural and revealed religion and the study of the rocks. But positions so obvious as the above, need scarcely be maintained in many words. All persons of reflection will admit their truth, and will recognize the claim which society has upon its professional men, to possess some degree of liberal culture.

At the same time, the standard in this respect need not be superfluously high. There is no necessity for an applicant for matriculation (if an examination be required for entrance) or for graduation, being intimately acquainted with the minutiæ and details upon which the several sciences are based; but he should be acquainted with at least the leading conclusions of general science, especially of those departments of science which can be of use in the study or practice of his own.

But the second half of the above requirement is far more important, *i. e.*, the possession of a certain amount of independent thought, of a trained mind, of a mind habituated to think for itself, to decide promptly and accurately upon what to others would be insufficient data, to grasp readily the salient points of a subject. In none, except the demonstrative sciences, can principles be laid down which are wholly independent of circumstances. Though generally and nearly always appreciable, yet it would not do to apply them at all times. Moreover, circumstances may arise which were not contemplated when the general principle was laid down. In such an emergency, the possession of a trained mind is of inestimable importance. Without it we are completely adrift,

"Alone, alone, alone,"

in the vast waters of a science, with no helm, with no compass, without even a star to point out a way of escape.

The application of this general principle to the practice of medicine is obvious. And, while it is true of all sciences that are practical, it is emphatically true of the science of medicine, in which the stake is of incalculable value, being the health, and frequently the life of a fellow-creature.

The best means for securing this requirement are not wholly agreed upon. Persons of different educational theories entertain different and sometimes opposite views of the subject. Some advocate for this purpose, the study of mathematics, in a part or all of its branches; some, the study of psychology; others, again, the study of languages. I shall not stop to discuss the relative merits of these several methods of education, but shall only call attention to the fact, that to derive much profit from either of them, especially from the last two, we must go through a process of careful and elaborate training.

The great advantages in point of mental discipline of the Latin and Greek languages, have as a general thing, been sufficiently recognised. It is true, that at times there have been strong reactionary movements against their study; and very frequently now, are writers found, who not content with merely advocating the claims in this respect of mathematics, or of the natural sciences, attempt to moderate or deny altogether, those of the ancient languages. But upon the whole, the weight of authority decidedly favors the accurate study of these languages for disciplinary purposes. Goethe has said with equal force and pithiness—"Wer fremden sprachen nicht kennt, weisz nichts von seiner eignon." Apart from the disciplinary value of the ancient languages, the study of languages in general, is of very decided utility—in the ability thus imparted, of reading scientific works in the languages in

which they are written. Most of our best works on scientific subjects, are either in German or in French. Large numbers of them have never been translated, and are consequently wholly inaccessible to a student, who knows no language, save his own.

I shall now speak of the value of a knowledge of the languages of Greece and Rome, as bearing upon the nomenclature of science.

The complaint is frequently made from sources, from which we would not expect it, that the English language should not borrow its scientific terms from another language—especially from *dead* languages. I mean that this complaint is often made by good English scholars. The complaint proceeds from false pride, and an undue admiration for our own language. It is very true that the Anglo-Saxon which constitutes the main element—the ground work of the English language—did possess marvellous facilities for inflection and composition. This language was according to Frederick Schlegel, the original common language of all the Teutonic tribes. It received its greatest developement in the reign of Alfred the Great, at which time it was a highly polished language—more homogeneous and consequently more vital and organic than the present High-German. It is very certain that the English, as a spoken, and written language, has lost considerably by the disuse of Anglo-Saxon terms, and the introduction of foreign words and expressions. At the same time even in its palmiest days, the Anglo-Saxon did not possess, and owing to the nature of things, never could have possessed, such wonderful powers of composition as characterized the Greek language. Whatever, the Anglo-Saxon might have become if left to itself, it *was not* left to itself, and owing to the constitution of modern society, it is scarcely possible that it could have been. Contact with other languages, as well as the laws of development of the human mind, would have caused the Anglo-Saxon, like all other modern languages, even the modern Greek, to lose its powers of composition, and inflection, to become what the philologists call an *analytical* language. Consequently had the Anglo-Saxon possessed in this respect powers equal to those of the Greek, and even had modern English inherited all of these powers, still, owing to the very constitution of modern nations, and the tendencies of the human mind, these powers would have gradually decayed, and been in a great measure lost.

But there are other reasons, perhaps more decided, for not adopting an English nomenclature, even were the English language capable of supplying one. All other nations would have an equal right to form one, and consequently there would be no general language for science. This was a favorite idea of M. le Dr. Piorry in regard to the French language some years ago.—Science demands and deserves a language of its own—a universal language, comprehensible by all scholars, fixed in its forms. The circumstances are somewhat similar, and as far as similar are equally urgent—to those of Europe, from the fifth to the tenth century, when the Latin had been corrupted, and when every village had its jargon dialect. In those days of embryonic modern Europe, not only were the hymns of the Church composed in Latin—not only was Latin the language of the learned, but it was also the vehicle—however mutilated and imperfect—in which even the common soldier, gave vent in poetry, to his rude, but impassioned strains. The Latin was, although many corruptions had speedily crept in—a *fixed* language, and as such, not subject to the mutations which reigned in the dialect of every country and village. *It was the only language by which the world could then be addressed.* (Sismundi: Literature du Midi, vol. I. p. 33).

Science then, should have a nomenclature peculiarly its own, not French, nor German, nor English—not wavering and mutable, but *fixed*, a language for the acquisition of which, men of all nationalities have good, if not equal facilities. These requirements can be met only by the Latin and Greek languages. And the Greek especially, is the most admirable language for scientific purposes, that the human mind has ever developed. So copious was it in formative terminations, that among other striking features, it possessed two sets of potential adjectives, the one denoting *active*, the other, *passive* power—*e. g.*—ποιητικόν—that which *can make*: ποιητόν—that which *can be made.* (Hamilton's Lectures on Metaphysics, p. 123).

It might be objected that if such a standard as is above sketched were adopted, too few could attain it. To this I make two replies.

1st. Granting the objection to be valid, some at least could attain to the standard—say the twelfth part, of those who actually graduate as Doctors of Medicine. One man professing the above qualifications would be of far more service to a community, than a dozen men with only the qualifications *now required.*

2d. In point of fact, the standard would *not* thus be made comparatively unattainable. It is not intended, in requiring a certain proficiency in Latin and Greek, that a medical student should

be a Scaliger, a Bentley, a Porson, a Grimm, a Schlegel or a Diez. Moreover the demand would create the supply. A fine opening would be offered for the exercise of talents which now go into the other professions. And although the number of graduates in medicine would be much smaller than at present, yet that number would be large enough for practical purposes. The *esprit du corps* would be immeasurably elevated, to the great benefit of the country, as well as of that noble band which really constitutes the medical profession—whatever might be the effect upon the numerous medical colleges, which are now conferring their diplomas which might be termed to a great extent, worthless—upon graduates equally worthless.

Then might the scathing words of Sidney Smith, in regard to the medical profession, be falsified for the future, however true in the past. The lecturer while defending his subject (Metaphysics,) against assaults which it has received on account of the "absurdities or extravagancies" of many of its advocates, uses the following quasi, *argumentum ad hominem:* "I have surely an equal right to take up the moldy errors of all the other sciences: to reproach astronomy with its *vortices*, chemistry with its *philosopher's stone*, history with its *fables*, law with its *cruelty* and *ignorance, and if I were to open this battery against medicine, I do not know where I should stop.* Zinzis Khan, *when he was most crimsoned with blood, never slaughtered the human race as they have been slaughtered by rash and erroneous theories of medicine.*" (Sketches of Moral Philosophy—Introductory Lecture, p. 15).

These severe remarks are directed against a profession, which in the language of the most brilliant French prose writer of the 19th century, comprise "Une classe d'hommes que les sciences et l'humanité réclament èqalement." (Chateaubriand: Génie du Christianisme, vol. I. p. 144.) Is it not then incumbent upon us so to prepare ourselves for meeting the claims of science and humanity, that the *practice* of the present day may be less destructive to mankind, than the *theories* of the past?

*Nov.* 20, 1867, 1428 *North Seventh St.*

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Addenda.

On rëreading this paper, I have thought it would not be uninteresting to the profession to sketch in brief the requirements in Prussia and France, to be observed before a diploma in medicine will be granted.

In Prussia there are four faculties (of medicine, law, etc.,) in every university, (they have *universities*, not colleges, in Prussia, a distinction with a difference.) Before going before either of these faculties, the candidate must have successfully passed through what is termed the *gymnasium.* This gymnasium consists of nine classes, and each class consumes one year. The pupils study there, by gradation, ancient and modern languages and literature; mathematics as high as calculus; natural sciences, ancient and modern history, geography, philosophy, ethics, drawing, and gymnastics, as we understand the word. The pupils are transferred from time to time, according to ability, tested by examinations. Finally, they are submitted, at the end of the course, to a rigid examination before a commission consisting of Government and Institute (gymnasium) officers. Only after this, are they allowed to matriculate in the medical department of a university. Once in college, they are (or were prior to 1862) compelled to study four years. I learn that the time has now been increased to five years. These four years, as before 1862, consisted of eight sessions or courses, in the first four of which are studied natural sciences, logic, psychology, physics, chemistry (organic and inorganic); also anatomy and dissecting, *two terms each.* Anatomy is subdivided into osteology, comparative anatomy, etc., physiology, and materia medica.

After the fourth, and before the sixth session, all are called upon to pass an examination, which is final, before being allowed to continue. From the sixth session to the end of the course, are studied, practice of medicine, pathology, therapeutics, pathological anatomy, obstetrics, diseases of women and children; the microscope and microscopical anatomy; surgery, theoretical and practical, (including all operations and bandaging,) and eye and ear diseases, (specialties.) During the last three sessions, the students are likewise employed in the character of charity doctors in dispensaries; and at the bedside, under experienced teachers, must diagnose and prescribe. At the end of this eighth session a thesis must be written in Latin, and a discussion on some medical subject must be conducted in the Latin language in the *auli* of the college, before professors and the public.

The first examination referred to above, between the fourth and the sixth sessions, is called the philosophical examination. If a candidate be rejected at this, by applying to the Minister of the Interior, he is generally allowed one more trial, but that is final. This is called the *examen (or teutamen) rigorosum.* At last, the candidate is graduated M. D., but is not yet permitted to

practice medicine. To get this privilege, it is necessary to pass what is called a *staats-examen*, or examination by state authorities (medical). If successful, he receives his licentiate.

In France, any student can attend the École de Médicine as long as he pleases, and without a primary examination. There are no recitations. When the student offers for graduation, he is submitted to a most rigid examination, by which his general education and knowledge are tested, as well as his professional capabilities. After exhibiting satisfactory evidence of his attendance on lectures, the candidate appears before the *concours*, when he meets a dozen or more of the élite of the profession, each one of whom, in turn, subjects him to a terible ordeal. He then discourses extemporaneously on any subject which may be given him. And then his practical knowledge is tested at the amputating and dissecting tables, and at the bedside of invalids. Then his case is ballotted upon, and decision rendered according to merit.

Without any egotism, I would state, that as far back as the year 1859, shortly after I had graduated, and when I was deeply impressed with the need of a more exalted medical standard, I advocated among my professional friends the following:

1st. A preliminary examination to determine if the candidate had brain enough to study medicine.

2d. The lengthening of college terms.

3d. Daily oral examinations, at every sacrifice.

4th. A system of merits and demerits; and regulations which would enforce attendance on lectures on penalty of prompt dismissal.

5th. The founding, by the Government, of a Central Medical *Examining* College, to be located in Washington City, with officers selected and salaried by Government. Of course, such an institution could not suffer from the evils of competition.

*Before the Faculty, en masse, of this Institution, the graduates of every College in the country should be compelled to appear, and receive a license, or not, to practise medicine, according to the decision of said Faculty.*

I was laughed at for my chimerical ideas, *so-called*, by one and all. But in this latter day, all of us rejoice that there are, at least, dawnings of a brighter day breaking for the profession; and when such men as Gross, of the "Jefferson," and Stillé, of the "University," acknowledged luminaries in our medical galaxy, espouse the cause which this article advocates, can we be despondent? To those two Gentlemen, with every sentiment of respect, the Author begs leave to dedicate this Paper.

# Hospital Reports.

Jefferson Medical College,
*November 20th*, 1867.

## Surgical Clinic of Prof. Gross.

Reported by Dr. Napheys.

### Barton's Fracture of the Radius.

Mary McS., æt. 30. This woman slipped off the steps and fell into the cellar this morning, about two hours ago, throwing out her right arm to save herself. There is a projection upon the dorsal surface of the right wrist, a good deal of swelling there, and also another projection upon the palmar aspect of the forearm. The hand droops. A conspicuous feature is the fossa, ditch or hollow between the root of the thumb and the swelling on the palmar aspect of the forearm. Much of the swelling present is the result of extravasation of blood, such as usually takes place near the seat of injury in fractures and dislocations.

The very contour of this limb is denotive of the nature of the accident, a fracture of the inferior extremity of the radius, immediately above the wrist joint, probably extending into the articulation. All the ordinary phenomena of this injury are present. Upon taking hold with the thumb and finger of the radius about the inferior third of the arm, and then rotating the hand of the patient, the radius is found to be stationary. The fracture is oblique, a portion of the extremity of the bone being chipped off. This extremity of the radius contains a vast amount of areolar tissue, the compact substance in advance life being hardly as thick as the thinnest sheet of paper. The consequence is that the bone is exceedingly brittle, and fracture is very liable to take place when a person is thrown forward and receives the weight of the body on the hand. The lower fragment is thrown backward, perhaps in the first instance by the force of the fall, afterwards by the contraction of the extensor muscles of the arm.

The characteristic configuration of the part here present, might lead one at first sight to believe that there is partial dislocation of the wrist joint. Many cases of malpractice have had this origin, the practitioner assuming from the contour of the hand and wrist, that a dislocation had occurred and treating it accordingly, until it was too late to remedy the deformity.

Fracture takes place at different portions of the extent of the inferior extremity of the radius. In some cases, it extends into the articulation, as it evidently does here. In others it is situated an inch or an inch and a quarter above the wrist joint, not extending into the articulation. Sometimes it is multiple. Professor Gross has seen as many as five or six fragments.

The proper diagnosis in these cases can be ar-

rived at by grasping the palm of the patient's hand with one hand, and seizing the radius with the other, and then rotating the hand. If there be a fracture, the radius will remain quiescent while the hand is thus turned upon its axis. If there be no fracture, the radius will move with the hand. Frequently, also, the existence of crepitation can be determined.

The Bond splint, as it is called, from the fact it was invented by the late Dr. Henry Bond of this city, is admirably adapted to the treatment of this form of injury of the radius.

The hand and arm were bandaged, beginning at the fingers and applying from below upwards, as high up nearly as the bend of the arm. A little compress was placed in the back of the wrist, and another on the inside, so as to make gentle pressure opposite the seat of injury. Then two splints, in the absence of a Bond's splint, were used—one along the palmar aspect and another along the dorsal, the hollow of the hand being filled up with wadding, and the splints secured to the limb by means of the remainder of the bandage. The space between the splints and the forearm were well filled with wadding for the purpose of equalizing the pressure. Very slight pressure should always be made at the seat of injury, as the muscles are in a state of irritation in consequence of the violence done. Violent inflammation under such circumstances might readily be produced, terminating in mortification, as has happened, again and again. Therefore but slight pressure will be made for the next forty-eight hours, by which time the muscles will have accommodated themselves to their new relations. A patient affected in this way should be visited at least once in the twenty-four hours, if not more frequently, with the view of ascertaining the condition of the parts. After applying a bandage to an extremity, it is always well to see whether the patient can move the fingers or the toes, as the case may be. If not, it should be at once loosened. The hand will be kept in a state midway between pronation and supination—with the thumb looking towards the face. She was ordered to eat no meat and, to-morrow, to take a dose of salts or magnesia.

During the progress of such a case as this, passive motion should be instituted within, at all events, fifteen or eighteen days after the occurrence of the injury. Otherwise inflammation will be apt to extend to all the fingers as well as the thumb, leading ultimately to anchylosis.

### Congenital Cystic Tumor.

This child, four months of age, was born with an encysted tumor on the right side of the neck. At the time of birth it was of considerable size. Professor Gross saw it a few days afterwards. Subsequently, about two months ago, the tumor was punctured with an exploring needle, letting out a large portion of its contents, and leaving behind the shrunken integument, together with a solid mass, which has evidently a deep attachment to the side of the neck. If there is any water in the tumor now, it is very small in quantity. The swelling is hardly one-fourth the size it was. The skin is now shrivelled; before the removal of the fluid it was very tense, and the tumor fluctuated distinctly under pressure. The child is well grown for its age.

This is one of the forms of cystic tumors of the neck. There are two varieties. In one the cyst is single; in the more common of the two it is multilocular. The most remarkable specimen of this growth Professor Gross has ever seen, was in a little girl of this city, six weeks of age at the time of the operation. She had an enormous tumor in the left side of the face, extending below the ear, as low down as the clavicle, back nearly to the middle line, and forward as far as the anterior border of the sterno-cleide mastoid muscle. The tumor, consisting of a series of cysts was dissected out, and the child recovered without a bad symptom.

In this case there is a good deal of solid material, with probably a very deep attachment. Growths of this description are frequently adherent to the cervical vertebræ. It is deemed necessary to operate now, because an operation will have to be performed sooner or later. Upon reaching the deep attachments, an ecraseur will probably be applied. There may be difficulty here in detaching the tumor from the deeper structures, not merely from the bone, but from the vessels of the neck; the carotid artery and jugular vein may be involved to a greater or less extent. There may be large vessels in it, as it appears to swell when the child cries.

It is possible for such a tumor as this to be connected with a fissure in the spinal canal. This, however, is not likely, as such tumors are generally situated at the posterior part of the trunk.

The child was placed under the influence of chloroform, and the tumor removed, the finger and the handle of the scalpel being used as much as possible, in the dissection, in preference to the knife. From the interior of the cyst a mass was removed, looking very much like the clot in aneurism, its precise character could not be ascertained, but it is evidently an organized substance. The whole of the cyst was removed, the ecraseur being employed to detach the deep portion. The jugular vein was at the bottom of the wound, traversing the tumor, and bulging up precisely like one of the cysts. The edges of the wound were brought together in the usual way, and three or four drops of laudanum given to the child.

### Contraction of the Hand and Fingers.

This boy, eight years of age, injured his hand by a rope which passed through it in rapid motion. During the progress of cure the fingers became tied down precisely as after a burn or scald, owing to the remarkable tendency to contraction on the part of cicatrices, new tissue, or inodular structure, as it has been called by the French writers.

Professor Gross has not much faith in operations performed for the relief of such deformities. The fingers can be brought into a straight line aud kept in that position by means of compress and bandage, but during the progress of cicatrization, the same tendency which existed in the first instance to contraction

will return, and in all probability reproduce the difficulty. As the contraction in this case is entirely on the part of the skin, not on the part of the tendons, it will be necessary to cut directly through the parts, no subcutaneous operation being possible.

The boy was placed under the influence of chloroform, and after division of the parts the hand was very readily brought into a straight position; the difficulty will be to prevent retraction. Strips of patent lint, spread with simple cerate, were placed upon the raw surface, and then a compress of patent lint, over which a splint, extending from the ends of the fingers as high up as the middle of the forearm, was confined by means of a roller.

# Medical Societies.

## NEW YORK MEDICAL JOURNAL ASSOCIATION.

*Regular meeting, November 22d*, 1867.

Dr. Gurdon Buck, *in the chair.*

### On Anæsthetics.

Dr. F. A. Burrall read a resumé on anæsthetics, briefly considering those which may be regarded as comparatively new, such as nitrous oxide, local anæsthesia by freezing, tetrachloride of carbon, chloride of olefiant gas or Dutch liquid, bromide of ethyl, mixed vapors of chloroform, alcohol and ether, and lastly, the bichloride of methylene. The greatest interest attaches to the bichloride of methylene, which bids fair to prove a successful rival to both ether and chloroform. In the few cases in which it has been administered in the human subject, no unpleasant effects have followed, but as its discoverer, Dr. Richardson, remarks, its value as an anæsthetic agent can only be determined by more extensive trial. At present it seems to possess all the advantages of chloroform, with few or none of its disadvantages.

With regard to the mixed vapors, the resumé does not report favorably. It seems to be generally admitted that owing to the great difference in the volatility of the separate agents, no great advantage is secured from the use of the mixture so frequently recommended.

Dr. W. R. Whitehead then read a paper upon "The Prevention of Fatal Anæsthesia from Chloroform by the use of Alcoholic Stimulants." We have only space for the more salient points. The object of the communication is to show that when stimulus is administered in moderate doses before giving chloroform, the fatal tendency of the latter is very much diminished. He was first impressed with the necessity of this precaution while a surgeon in the Russian army, during the siege of Sebastopol, and more recently during our late civil war. He has found his army experience confirmed from the observations of his civil practice. The Doctor never witnessed a fatal accident from the inhalation of chloroform during the Crimean war. The Russians observed unusual precautions in giving the agent, and to this fact, perhaps, their unusual exemption from accidents is due. The Doctor then alluded to the great carelessness with which chloroform is too frequently given, familiarity with the agent having rendered the most prudent less cautious. It is not unusual to see the pulse neglected, while all are engrossed in the operation, until some alarming symptom startles the attendants to a sense of their duty, possibly when too late to revive the sinking forces of the nervous system, which have been suddenly and incautiously overwhelmed by an injudicious administration of the anæsthetic. The author maintains that such an effect is more readily produced if the circulatory system has not been previously stimulated by the moderate use of an arterial stimulant, such as brandy, which prevents the narcotic effects of the chloroform from going beyond the limits of reaction. In the giving of chloroform, two things are especially to be guarded against—*prolonged inhalation*, and *excessive loss of blood* during an operation, which will inevitably deprive the system of the necessary force to resist much depression. In these cases the patient, it is true, may not die on the operating table, but succumbs a few hours afterward or the next day. A question of importance here arises—how far would previous stimulation of the system by brandy have acted in averting the gradual ebbing away of life? The Doctor then gave certain facts which very strongly support his theory. During his military service in our civil war, he observed two fatal cases where every precaution had been employed in the giving of chloroform—and in addition to these, many others where very alarming symptoms ensued from the same cause. In none of these cases was stimulus previously used. Finally, after a few hours delay, some whisky was obtained, and the operations proceeded without any further trouble from the effects of the chloroform. The same chloroform was used after, as before the accidents, and all were forcibly impressed with the preventive effect which the whisky exerted. Upon the same principle the mixed vapors of alcohol and chloroform are safer than the vapor of chloroform alone. Sansom fully recognizes the influence of the alcohol vapor in counteracting depression of the heart's action by the chloroform and ether vapors. He states that he has found in his experiments "that alcohol has had the greatest effect in sustaining the heart's action during the influence of chloroform." Dr. Whitehead further makes the important statement that in none of the recorded cases of death from chloroform has he been able to find that stimulus had been given before the inhalation of the anæsthetic vapor, and adds the testimony of others to that of his own in favor of such a practice. Dr. Burritt of Bridgeport, Connecticut, in a letter addressed to the editors of the Medical and Surgical Reporter (April 20th, 1867) states that a moderate dose of brandy given thirty minutes before an operation, very much lessens the risk, though the patient may be made more restless for a time, and further mentions that he has never read of a fatal case where this precaution was used. Brandy is especially called for if there be shock from an injury which necessitates an

operation, or if there be depression from emotional causes, such as the fears of an operation, or the dread of taking chloroform. In these cases, a small dose of stimulus tranquilizes the mind and renders the system less liable to be overcome by the subsequent administration of the anæsthetic agent. Another fact worthy of note is that the author has observed that intemperate persons who are usually long in coming under the influence of chloroform are much sooner anæsthetized when they have previously taken a little brandy. In cases too, where chloroform would seem to be contraindicated on account of previous disease, brandy frequently enables us to avert a portion at least of the dangerous result. This was specially noted by the author in a case where eptileptiform convulsions were produced in a soldier by the giving of chloroform; they were so alarming that he desisted for a time, giving him in the meanwhile, a little brandy, after which chloroform was again cautiously administered without a recurrence of the unpleasant symptoms.

These were the main points brought forward. In addition to the testimony of Dr. Burritt in favor of this practice, the author might have added that of Dr. J. M. Boisnot of Philadelphia, who says, in speaking of a case of dislocation of the femur, "It would have been impossible to reduce these dislocations without anæsthesia. The brandy which was administered between the reductions, I believe it would have been unsafe to proceed without."*

Remarks being now in order, Dr. White inquired as to the extent of Dr. Whitehead's experience. The latter replied that he had used the method recommended, during the greater part of his military service in several hundred wounded, and for the last six years in his private practice.

Dr. Buck stated that he had abjured the use of chloroform. Probably the first fatal result from its use in this country occurred in his own practice in the N. York hospital several years ago. The patient in that instance was to all appearances a perfectly healthy man. Two weeks before the fatal result occurred, the same patient had taken chloroform without any disagreeable result. The quantity administered was by no means large, certainly less than a drachm. The accident occurred very suddenly indeed, and all attempts at resuscitation were fruitless.

Since that time another sad instance has occurred in a case where he was called in consultation. The case was that of a young soldier who came from the Valley of the Shenandoah, with a wound of the tarsus, which finally necessitated amputation at the ankle joint. On two occasions when examination of the wound was called for, he was very importunate in requesting to be placed under chloroform. Dr. Buck refused to give it, and ether was administered with no unpleasant effects. He afterwards removed a few miles from the city where his family resided. Through imprudence he took cold, and an abscess formed in the stump which had to be opened. At this time Dr. Buck again refused to give chloroform. A few days afterward he was again sent for, but being at that time confined to the house by indisposition, and the day moreover being very stormy, another gentleman went in Dr. Buck's place, and being urged by the patient himself, he administered chloroform in his usual careful way, and opened the abscess; while wiping his lancet, his attention was attracted to the patient, by the extreme pallor of the face, he immediately felt for the pulse, but it was gone and never returned. Dr. Buck concluded very emphatically by saying, that *in the New York Hospital we now use ether.*

Dr. Hamilton believed that many fatal cases occur which never come to light. He had used stimulus before administration, but did not think that it protects the patient from a fatal result. He had found it useful in quieting that nervousness and dread which is sometimes seen when cases are brought into the amphitheatre for operation.

Dr. Whitehead remarked that this point was brought forward in the paper. He believed that purely emotional causes, such as fright and dread, rendered the administration of chloroform more dangerous. Whisky will very frequently abolish these emotional causes, and therefore render the administration of an anæsthetic less dangerous.

Dr. Noyes stated that he had given whiskey previous to the administration of chloroform in the case of an old gentleman, and disagreeable results followed. The respiration was so greatly embarrassed that he was obliged to suspend it. The unpleasant symptoms were very marked indeed.

The quantity of whiskey given was two ounces. The Doctor further remarked that not unfrequently death is produced where only a very small quantity is admininistered for trivial operations, such as strabismus.

Dr. Hamilton had noticed that in not a few deaths from chloroform, the patients were reported to have died from the *shock* of the *operation.* He believed that a very little chloroform makes a slight shock fatal. If there is any shock it is made more dangerous when chloroform is administered. He thought it was better to look this matter squarely in the face, and acknowledge that whenever chloroform is given to induce complete anæthesia it is always attended with a certain amount of risk of a fatal result, no matter how great precaution is used in its administration.

A member inquired if any deaths had occurred from its use in obstetric practice.

Dr. Noeggerath in reply, stated that there were no well authenticated instances. Two cases had been reported, but the facts were so at variance with the result that they could not be relied upon. One of these cases rests upon the authority of the husband of the woman. It is probable that the remarkable immunity of parturients from death by chloroform may be accounted for by the presence of cardiac hypertrophy which occurs during pregnancy. One of the

* Simultaneous dislocation of both hip-joints reduced by manipulation. J. M. Boisnot, M. D. *Hays' Journal* for October.

principal causes of death from chloroform is paralysis of the heart, there is less danger, perhaps, from this source in parturient women, because the heart is stronger than under other circumstances. As to the causes of death, he believed that in many instances they might be averted by the previous administration of stimulus, a practice which is not uncommon in Germany. He had seen two cases where patients, sinking from the effects of chloroform, were restored by injections of warm water and whisky in the rectum.

But there are cases where only a very small dose has been followed by sudden death, in persons apparently in full health. It is interesting to note, that in the majority of such cases, adhesions of the lung to the thoracic wall have been discovered after death. This has been especially noticed by Straube, of Berlin. These adhesions, of course, impeded the free action of the lungs, and in this way tended to produce a fatal result. This condition of things could not, of course, be demonstrated with certainty during life. Another cause of death in such cases is *sudden fatty degeneration* of the *heart*. This was found in five cases out of eight examined after death. The cause is, of course, obscure, depending upon some peculiar action of the vapor upon the liver and tissues of the heart, but the fact seems well established.

Dr. Moses related a fatal case, occurring in an old gentleman who was operated upon for a fatty tumor of the groin. The patient died six hours after the operation. Whiskey was given before the administration of the chloroform, and ammonia used as a restorative.

Dr. Weber thought that great importance was to be attached to the question, whether, in fatal cases, the chloroform was perfectly pure. He believed that where the article was pure, there was far less danger of a fatal result. He had witnessed two fatal cases in the practice of Thiersch, of Germany. Every precaution was used in both cases.

Dr. Hamilton called upon Dr. Packard, of Philadelphia, to give his experience. Dr. Packard related, that in the first place, he had witnessed one fatal result from the administration of ether, occurring in an old man with strangulated hernia. He was etherized twice within twelve hours, each time remaining under the influence of the anæsthetic about one hour. After the second administration, he died, with symptoms of pulmonary apoplexy. He did not think that such a result could occur, except in a very old man.

The best method of giving ether was that in which the patient is made to breathe an atmosphere of the vapor. This is easily accomplished by surrounding the ordinary cone of towel and sponge at the apex, with another cone of newspaper, in this way the patient gets the full benefit of the ether, and very little need be wasted. In regard to the use of the mixed vapor, he would say that Mr. Proctor, of Philadelphia, had found, on refilling bottles which had contained the ordinary mixture of one part of chloroform and two of ether, that the smell of the ether was still perceptible. It was the belief of Mr. Proctor, that this mixture was less dangerous than chloroform alone. He had met with one fatal case from the use of chloroform, and another in which animation was for some time suspended. The first case was that of a soldier in the Beverly Hospital, in which re-amputation of a stump was to be performed. The agent was given with every precaution. The death was very sudden, the pulse ceasing almost instantly. The patient had had extreme dread, both of the operation and the administration of chloroform.

In another case, in which death was imminent, the patient was chloroformized for the removal of an encysted tumor of the back. He was suddenly taken with alarming symptoms, artificial respiration was tried, with no apparent benefit, a battery was then sent for. In the meanwhile, so far as could be ascertained, the pulse and respiration had entirely ceased. One pole of the battery (an electro-magnetic machine) was placed at the back of the neck, and the other at the epigastrium. After a few minutes, the pulse and respiration returned. For eight or ten minutes, the man was to all intents and purposes dead, and he believed he would have remained dead, if the battery had not been applied.

He would mention one other point not generally known, with regard to the inflammability of ether vapor. In performing operatons by candle-light, a great objection to ether is that it is liable to take fire. Dr. Packard has proved by experiment, that the ether vapor will not take fire if the light is held above it, while if held below, it may take fire. In operations, then, by candle-light, there is no danger if the lamp is well elevated, as the gravity of the ether vapor causes it to descend.

The Society then adjourned. M.

## NEW YORK PATHOLOGICAL SOCIETY.

*Regular meeting, November 27th*, 1867.

Dr. Henry B. Sands *in the chair.*

Condensed from Phonographic Notes, for the Medical and Surgical Reporter.

### Results of Acupressure.

Dr. Hutchinson presented a section of an artery taken from a sheep, showing the effects of acupressure, and made the following remarks upon the subject: My first experiments with the method of acupressure were made upon the dead subject, by amputating the thigh, and then introducing the nozzle of a Davis' syringe into the arterial system above. In this way, by the pressure of a strong man's hand working the instrument, a jet of water could be projected through the artery to about the distance of five feet. I found no difficulty in arresting this current by the various methods of acupressure. I have since experimented upon sheep, and have also twice tried the method upon the living subject. The first case was that of a little girl, in which reamputation was necessary after injury by railroad accident. In this case four needles were applied, and the hæmorrhage entirely arrested. A great deal of trouble followed the administration of the ether, in the way of vomiting, which

continued for some time after the operation. Soon after putting the girl to bed, a reddish serum began to ooze from the wound, and the stump became swollen. The edges of the wound had been very accurately drawn together by sutures. The oozing of bloody serum was probably due to the continued efforts at vomiting. At the end of twenty-four hours, the stump had become considerably distended. I then removed two of the sutures, when a small quantity of blood and pus escaped; at the same time all the acupressure needles were removed. Not a drop of blood followed the withdrawal of the needles. The remaining portion of the wound healed by the first intention.

In the second case, one requiring re-amputation of the foot, five acupressure needles were applied. In addition to this, it was necessary to apply persulphate of iron, to arrest bleeding from the surface of one of the bones, and also a ligature to a small artery near the bone, where acupressure was impracticable. The needles were removed this morning, twenty-two hours after the operation. In removing the last needle, there was a little oozing of blood, perhaps about one drachm. This is the amount of my experience with acupressure.

Dr. Markoe said that he had applied acupressure in two cases, in conjunction with Dr. Van Buren. The wounds in both cases were large. In one case an amputation of the leg, and in another, that of the thigh. It was followed by considerable irritation and suppuration. It rather disgusted us with the operation, and led us to abandon it. Neither he nor I have repeated the operation by acupressure.

### Effects of Loose Ligatures upon Arteries.

Dr. Howard presented several carefully prepared specimens, showing the results of his experiments with the loosely applied ligature.

*Specimen No.* 1. In this case I sought to ascertain what the result would be when the internal coats of the artery were brought together without inflicting any damage whatever to the coats of the vessel. I apprehended that some damage might occur from a sharp ligature, so I prepared one expressly for the purpose, consisting of a lead band about a line and a half in width. The edges of the same were made smooth, and the whole surface polished. This was carefully placed around the artery, and clamped, its length, when doubled upon itself, being about a line longer than the diameter of the artery.

On the 17th of October, thirty-seven days after the operation, an incision was made through the cicatrix, when immediately there presented itself at the wound, the ligature. On making further dissection, I saw that there was a great deal of fibrine deposited from the cicatrix downward to the vessel. I then removed a section of the artery for further examination, and found that at the point where the ligature was applied, there is an abscess involving the internal, middle, and, I think, the external coats.

From that point, through the whole extent of the effused fibrine, there is a sinus formed by the passage of the ligature outward.

*Specimen No.* 2. In this case a lead wire was passed around the artery, outside the sheath, and brought together so as to have the ligature very loose. The diameter was diminished about one-half, at most, not more than two-thirds. This was done on the 31st of October. Twenty-two days afterward, the artery was examined, and at the cicatrix I found a small fluctuating tumor. On making a section of this tumor, a globule of pus escaped, of very firm consistency; on compressing it between the thumb and finger, it was found to contain the ligature. I then changed the dissection in such a way as to reserve the entire cicatrix for future examination. On examining the specimen, one can observe what is really very interesting and beautiful. The whole track of this ligature, from the point where it was applied outward, to the cyst where the pus accumulated, and in which lay the ligature, is plugged up by a cord of fibrine, so that hemorrhage was impossible, and the artery is perfectly occluded, as in the former case.

*Specimen No.* 3. In this case, a silk ligature was applied to the right carotid of a sheep on the 31st of October. I applied it so loosely as again only to diminish the calibre of the vessel about one-half or two-thirds, so that there was a little pulsation remaining at the distal point. This was also applied outside the sheath. Twenty-three days afterward, I removed a section of the artery, and found there had not been so much inflammatory disturbance as in the former instance. The ligature, which I had fastened in the integument, I found dangling loose near the edge of the wound—exactly when it was separated, I cannot tell. A longitudinal section of the artery shows that the vessel is perfectly occluded, and, moreover, that the clot is fibrinous and exceedingly firm. If there was any difference in the degree of tightness with which these ligatures were applied, the silk ligature was *more* loose than the other.

*Specimen No.* 4. In this case, I operated upon the right carotid of a sheep upon the 31st of October, my object being not to ascertain the effects of the ligature, but to ascertain what the result would be when the function of the artery should be entirely arrested. I therefore applied two silver-wire ligatures, not very tightly, but tight enough to secure occlusion. In tying the last ligature, it broke, and another was applied about a half-inch above. On examining the artery, what I anticipated I found—that between the points of occlusion the artery, through its whole course, is very much diminished, and on either side of the ligature there is perfect occlusion, extending about three lines. An interesting point was discovered when a longitudinal section of the artery was made, to find the ligature. I found that where I had applied the first ligature, it was wanting. On dissecting the whole mass, two sinuses were found. On passing a probe from without inward to points on the artery corresponding to the places of ligature, the first ligature was not detected, and I thought, then, I need not search any further, but on coming to the site of the uppermost ligature, there was remaining the other ligature, lying just at the opening leading outward, close to the mouth of the sinus, preparing itself for extrusion. Just below that, there is a

firm clot. This ligature would have disposed itself as did the others, if it had had a little more time, viz., by extrusion.

*Specimen No.* 5. In this case a silver-wire was applied loosely, diminishing the calibre about one-half, perhaps a little more than that. Twenty-three days afterward, on dissecting through the cicatrix, there was very little hemorrhage indeed, scarcely any oozing. In this case the occlusion is very perfect indeed, and not by clots, but by organized fibrine. There is very little evidence of disturbance from the presence of the ligature. The ligature is visible here just where it was placed, the degree of looseness is apparent from the fact that a piece of whalebone can be seen between the wire and the artery, close to this can be seen an arterial branch, into which a piece of whalebone has also been passed.

These are the facts as far as they go. They exhibit this, that in cases where the loose ligature was applied, whether composed of silk, lead, or silver-wire, it has been followed by perfect occlusion. They exhibit also, that where the ligature is constructed of lead or silk, although there has been perfect occlusion, it has been accompanied by ulceration, suppuration, and extrusion of the ligature toward the surface. Where the silver-wire has been applied loosely, you have perfect occlusion, and entirely without either ulceration, suppuration, or attempts at extrusion of the ligature. As to the causes of these different results, they can be best determined by the accumulation of more facts. I would suggest, in considering the subject, that perhaps one point in the question is the *quality* of the ligature. Ought the different qualities of the different ligatures suffice to account for the difference in the result? Another point is the extrusion of the ligature. When the silver wire is applied loosely, may not the ultimate result depend partly upon this fact, that, contrary to what exists in all the other cases, there is no injury inflicted to the artery. Are the vasa vasorum strangulated in the other cases? As to the difference in the constitutional as well as local symptoms, they are very much less where the loose silver wire has been employed. The changes appear to be induced very gradually, without much exaggeration of the capillary circulation. The branches *gradually* enlarge themselves to their new condition.

Dr. Markoe inquired if Dr. Howard had employed the *silver wire drawn tightly*, and what the result had been. Dr. Howard replied that he had, and that, as a result, he had found the silver wire either in the centre of an abscess, extruded, or preparing to extrude itself.

Dr. Howard presented another arterial specimen, showing the difference in result between the application of an ordinary and the flat knot. The result was more perfect where the flat knot was employed.

### Glandular Tumor.

Dr. Krakowitzer presented a tumor removed from a young lady, 25 years of age. It was taken from the region of the right parotid gland. Eighteen or twenty years ago, a similar tumor was said to have been removed from the same region by her family physician. The present growth lay between the ramus of the jaw and the mastoid process, and has, for some time back, caused considerable difficulty in mastication. The skin over the tumor was loose. The growth was removed by a longitudinal incision, without difficulty. It is very lobulated in appearance, and seems to be composed of a number of nodules. Only a superficial microscopical examination has been made, revealing mainly elastic tissue, in the interstices of which there are many cells containing small nuclei. These cells are very easily pressed out of the interlacings of the elastic fibre. Besides these, a number of very marked, elongated, caudate cells were found arranged in circular nests, in the middle of which there are larger cells with more nuclei than one. The aspect of the tumor by the naked eye, forbids the idea of malignant origin, and yet the appearance of these nests of cells makes it probable that it was undergoing malignant transformation.

### Necrosis.

Dr. Krakowitzer presented a second specimen, illustrating the importance of preliminary examinations in operations for the removal of dead bone. He was called in April, to see a boy suffering from inflammatory disease of the bone. An abscess had formed, which was immediately opened, and a very careful examination of the parts made. Some time afterward an operation was performed for the removal of the dead bone. Two separate sinuses had formed on the inner aspect of the thigh, about two inches apart. An incision was made between the vastus internus and biceps muscles, and the posterior part of the thigh-bone readily reached, and the dead bone extracted without trouble. In this connection, the Doctor stated that it was of very great importance to make a complete exploration when the first incision is made. Without the knowledge gained in this way, he would have operated in quite a different manner in this case, but knowing, from his first incision, the precise position of the dead bone, he had no difficulty in finding it when it became necessary to operate.

### Removal of Stone by Allarton's Method.

Dr. Krakowitzer also presented a stone removed two weeks ago from a gentlemen 62 years of age. He came to this country 30 years ago, and changed his business from that of a wine merchant to that of a clothier, since which time his habits have been temperate. His symptoms of stone date back about 9 years, but until recently they have not been very troublesome. During the last six weeks he has suffered from considerable pain, and has at times passed bloody urine. On examining with the sound a clear ringing sound was elicited. The patient being extremely fat, all efforts to determine the size of the stone by an examination per rectum proved unsatisfactory. An operation was performed by median lithotomy, or Allarton's method, and the bladder very easily reached. After three or four unsuccessful efforts the stone was finally seized in its smallest diameter and extracted. The stone in its smallest diameter measures not quite one inch. If the stone had been too large to extract

in this way, he would have removed it by enlarging the incision into the prostate. The patient was treated in the manner laid down by Dr. Markoe in his paper upon this subject, and in a short time was able to urinate from the bladder. After 36 hours the greater quantity of the urine passed by the natural orifice. On the 9th day while passing two ounces of urine, only 11 drops escaped from the incision. On the 11th day the urine ceased to flow from the wound.

### Ovarian Tumor.

Professor Delafield presented an ovarian tumor removed from a female aged 69 years, accompanied with rather an imperfect written history. It was removed by Dr. Atlee of Phiadelphia. The exact particulars of the case he is not able to give. It was first discovered some ten years ago, and has rapidly increased in size, interfering very much with the digestive function. The abdomen measured five feet in circumference. The tumor was twice tapped. The first time 60 pounds of thick purulent fluid was removed, and at the last tapping 52 pounds. The tumor when removed weighed 48 pounds. It had contracted numerous adhesions to the abdominal walls, and the uterus was involved. Twenty-four hours after the operation the patient seemed quite comfortable, suffering from no pain, with a pulse of 120; soon after this she sank rapidly, and died in thirty-six hours after the operation.

The tumor was superficially examined by Dr. Krakowitzer, who thought it consisted almost entirely of the uterus, resembling the case which he had recently reported to the Society.

Dr. Buck thought that the presence of pus in the first tapping should have dissuaded from the operation.

Dr. Van Buren said that in the case of a young lady operated upon by Dr. Atlee, where pus was revealed by tapping, the result had been unfortunate. When he last heard from her she was said to be "sinking."

Dr. Sayre remarked that this was one of the most formidable of Dr. Atlee's cases. The girl lay for some five or six days in articulo mortis, but eventually recovered.

Dr. Vedder had heard that this young lady was now up and about.

Dr. Markoe asked concerning the results of removal of the uterus. A few cases were related in which rapid death was the prominent feature after the operation.

### Tuberculous Degeneration of Pelvic Viscera.

Dr. Van Buren presented the pelvic viscera removed from a young lady 22 years of age, with the following history. The most prominent symptom in this case was great difficulty in passing water, which first appeared while she was convalescing from typhoid fever. She went to the water-closet a day or two after being able to leave the bed, and while there was exposed to a draught of cold air, this was soon followed by violent pain in the bladder, and a very frequent desire to pass water. This continued for three months and finally resulted in the passage of blood and purulent matter from the bladder, attended with great agony. When Dr. Van Buren saw her she had become greatly emaciated, and the lungs were the seat of tuberculous deposit. On examining the bladder with a sound, no prominence could be detected. An examination per rectum revealed nothing but a misplaced uterus. The pelvic organs were examined twelve hours after death. The bladder was greatly contracted, and its walls thickened. The Fallopian tubes were thickened and bound down to the pelvic walls by adhesions. The appendix vermiformis was ulcerated, and the rectum perforated. The kidneys and liver were healthy. The lungs were filled with miliary tubercles.

### Poisoning by Phosphorus.

Dr. Finnel presented the stomach of a woman who had poisoned herself by taking half a box of matches, putting them in a vessel and pouring boiling water over them, and drinking the resulting infusion. She died six hours afterwards. The stomach is greatly congested, showing large patches of intense redness.

### Cancerous Deposit in the Occipital Bone.

Dr. Loomis presented the calvaria of a woman who had died in the Charity Hospital on the 4th of November. She had been in the hospital about two months. Her history is very incomplete for the reason that she was not regarded as very ill until a few days before death. Her disease was looked upon as chronic rheumatism. Dr. Loomis saw her forty-eight hours before death, and found her complaining of pain in the right arm and shoulder and in the muscles of the neck. There was also some puffiness about the face which led him to suspect Bright's disease. There was loss of power in the right hand, and also in the left leg with some loss of sensation. No diagnosis was made at the time, as it was thought that she would live until another visit was made. Directions were left for the urine to be examined. Two days afterward he found that she had died. She had grown very rapidly worse. The paralysis had increased in the right arm and extended to the right leg, and twenty-four hours after the first visit she had become completely paralyzed. She died suddenly. At the post-mortem all the organs of the abdomen and thorax, with the exception of the heart, were found healthy. The coronary artery of the heart was ossified, and the left ventricle hypertrophied. On examining the posterior portion of the calvaria the bones were found very much softened, looking and feeling very much like cartilage in some places, at others like muscle, and at others very soft and gelatinous. Upon the inner surface there were a number of little elevations containing a gelatinous fluid. The other bones of the body presented no such change as this but they were more friable than healthy bones should be. There was no deposit in any of the organs except this. The microscope showed the growth to consist of fibrous bands and elongated cells containing nuclei and nucleoli.

Dr. Krakowitzer remarked, that the drawing illustrating the microscopic appearance very much resembled the appearances found in true cartilaginous tissue.

Dr. Van Buren saw a case some twelve or fif-

teen years ago in Bellevue, in which a man died suddenly with symptoms of pressure on the encephalon. After death the bones of the skull were found very soft, the knife going through them as if it were cutting cheese. The bones were over an inch in thickness, the normal element being replaced by cancerous deposit.

Dr. Post pertinently propounded the question, what killed the woman in Dr. Loomis' case?

Dr. Loomis did not know, there was no effusion in the brain.

Dr. Terry presented a specimen of stricture of the urethra which had existed for twenty-five years.

The Society then went into executive session.

M.

# Editorial Department.

## Periscope.

### Comparative Value of Life in City and Country.

At the recent meeting of the American Social Science Association at Boston, Dr. Edward Jarvis of Dorchester read an interesting and able paper on the "Comparative Value of Life in City and Country." He recited the divine maxim, that it is not good for man to be alone, and said that, though first prescribed for domestic life, it has been extended to social life. Solitary life on the part of any person or family is a manifestation of some mental or moral obliquity, or the result of some peculiar circumstance which is neither voluntarily encountered nor willingly endured from choice. The families of the earth are not willing to live out of sight or reach of each other. Neighborhood is desirable and almost necessary; and the closer it is the richer the blessing that accompanies it. After briefly stating the manner in which villages and then cities were formed, and the causes which operate to make one city larger than others, he states the general law that cities have a natural tendency to increase, not only by excess of births over deaths, but by constant immigration from the country, the latter, being at the same time, a part of its natural increase. In 20 years, in Massachusetts, the cities and large towns gained 109.9 per cent, and the rural districts gained 47.6 per cent. In the United States, the gain of cities was was 186.5 per cent, and the rural gain was 72.5 per cent, in the same period, from 1840 to 1860. The gain of the States north of Mason and Dixon's line is represented by 174.5 and 33.1 per cent respectfully, for city and country. In the south-east the figures 95.1 and 31 show the proportionate increase. The new States west of the Alleghanies, and north of the Ohio river, gained 487 and 155.3 per cent in the same time; the south-western States 226.1 and 106.5. In all the above examples, the larger number shows the per cent of increase of cities containing over 10,000 people in the two decades. In the year 1800, 6.8 per cent of the whole population of Massachusetts was in a town of over 10,000 people; in 1820, 10.7 per cent; in 1840, 22.07 per cent; in 1860, 39.9 per cent; in 1865, 49.5 per cent. The same disproportion in growth exists in other countries. In England the large towns increased 123.7 per cent in the 40 years from 1801 to 1840, and 46.37 per cent in the ensuing 20 years. The rural population during the same periods increased but 63.9 and 16.12 per cent. The proportion of the population in large towns in Scotland to the whole population increased from 24.9 per cent in 1801 to 44.6 per cent. Belgium, Prussia, Austria, Bavaria, Baden, Sweden and France were also brought to the stand to testify to the same law. The last instance is very marked. During a period of 25 years the towns increased 53 per cent, the country 3.2 per cent. Paris in 30 years gained 115.83 per cent; all the rest of France 12.3 per cent. The population in all France is doubled in 198 years, in 170 large towns in 33 years, in Paris in 28 years. The population of cities increases not only by extension, but by condensation. Assuming the density for a given space as 1,000 in all France, and the same number for a smaller but determined extent of ground in Paris, and the increase of condensation is still greater in the city than in the country on its own basis. Thus:

| | 1831. | 1841. | 1846. | 1851. | 1856. | 1861. |
|---|---|---|---|---|---|---|
| France | 1,000 | 1,021 | 1,055 | 1,061 | 1,069 | 1,076 |
| Paris | 1,000 | 1,079 | 1,233 | 1,285 | 1,560 | 1,767 |

or to state it in words, whatever may have been the density of population in 1836, it has increased in all France 7.6 per cent, and in Paris 76.7 per cent. in 25 years.

The cities live at the expense of the country. Families are exhausted and die out and their places are filled by new comers from the country. This was illustrated by the case of Paris, where it was estimated by a writer in 1842, that among 300,000 people then living in Paris, there were probably not 1,000 who could trace their families in that city back 200 years; or, the 200,000 people living in Paris in the reign of Louis XIII., instead if multiplying to 400,000 in two centuries, had dwindled down to 1,000. According to Price, 10,000, and according to Hume, 5,000 people from the country are necessary to keep the population of London up to its number.

### Splenotomy.

M. Koeberle reports a case in which he performed splenotomy, on the 14th of September last. The patient died. In his paper he gives a notice of six cases which have been recorded; three successful, and three failed. Two in the sixteenth century, by Fantoni and Zacarelli, were successful. In the first of these the spleen protruded through an abscess of the abdominal walls, which had been opened, and it was accordingly excised. The remaining four cases are in the present century, as follows: Questenbaum, 1836, fatal; Küchler, 1855, fatal; Spencer Wells, 1865, fatal; Pean, Sept. 6, 1867. Patient was very well six weeks after the operation. Koeberle's is the seventh case on record, and the fourth fatal. A case similar to the first mentioned is reported in Flint's Practice, in which a portion of the spleen, which protruded from the gun-shot wound, was removed by ligature.—*Med. Gazette.*

### New Treatment for Tænia.

A novel method of expelling tape-worms is adopted by Dr. Lortet. While recognizing the value of oil of male fern, and other anthelmintics, he is, nevertheless, looking after something better to give in those intractable cases in which the usual remedies may have been vainly used. Dr. Lortet has administered in a few cases, sulphuric ether, which acts upon the worm as it does upon man, that is, renders it insensible. Shortly after the exhibition of the ether, a mild purgative is given. The plan is to give five drachms of ether at a dose, and to follow it in two hours by an ounce of castor-oil. The worm is discharged without causing pain, entire or almost so, and always with the cephalic end intact. Though but few have been subjected to this treatment, yet its uniform success, even in two instances where other means had failed, make it worthy of notice.

### Foreign Bodies in the Air Passages.—A New Method of Removal.

Dr. John McDowell (*Humboldt Medical Archives*) recommends, in addition to inversion of the body, that firm pressure be made upon the projecting angle of the thyroid cartilage, or *Pomum Adami*, so as to widen the aperture of the glottis. By inverting the patient we gain the benefit of gravity. If now the head be thrown back, the *Pomum Adami* firmly pressed upon the cervical vertebra, so as to relax the vocal chords, the lungs filled by a deep inspiration, and the chest struck a smart blow or compressed quickly by a strong man, the best possible opportunity for the escape of the foreign body will exist.—*Pacific Med. Journal.*

# Reviews and Book Notices.

## NOTES ON BOOKS.

Quite a number of French medical works have recently appeared. They are Dr. A. Causit's "Etude sur les Polypes du Larynx chez les Enfants; Dr. Duprilot's "Considerations Generales sur les Neuropathies de la Grossesse; Dr. J. F. Miquel's "Lettres Medicales" to put an end to errors about eruptive diseases and their specific character; Dr. A. Roustan's "Recherches sur l'Inoculabilitè de la Phthisis Pulmonaire;" Dr. A. Sentoux's "De la Surexcitation des Facultés Intellectuelles dans le Folie;" Dr. L. Da Corogna's "Influence of Volcanic Emanations on Organized Beings, and especially at Santorin during the Eruption of 1866; Dr. G. E. Fredet "On the Use of Chloroform in Simple Accouchements, Obstetrical Operations, etc.;" Dr. T. Ganahl's "Considérations sur la Superfœtation; Dr. P. Gingeot's "Essay upon the Therapeutical Employment of Alcohol with Children, and on the Action of this Agent in the Treatment of Acute Febrile Diseases;" Dr. S. Laskowski's "Etude sur l'Hydropisie Enkystée de l'Ovaire."

The following pamphlets have been received.

"How far do the Facts accompanying the Prevalence of Epidemic Cholera in Chicago during the Summer and Autumn of 1866, throw Light on the Etiology of that Disease?" By N. S. Davis, M.D. Presented to the Section ou Meteorology, Medical Topography, and Epidemic Diseases, of the American Medical Association, May, 1867.

"Report of a Special Committee of the Commissioners of Fairmount Park, upon the Preservation of the Purity of the Water Supply." Philadelphia: 1867.

Annual Report of the Surgeon-General U. S. Army. 1867.

Twelfth Annual Report of the Births, Marriages, and Deaths in the City of Providence, for the year 1866. By Edwin M. Snow, M.D., Superintendent of Health and City Registrar. Providence: 1867.

**Mechanical Therapeutics: A Practical Treatise on Surgical Apparatus, Appliances, and Elementary Operations; embracing Bandaging, Minor Surgery, Orthopraxy, and the Treatment of Fractures and Dislocations.** By Philip S. Wales, M.D., Surgeon U. S. N. With six hundred and forty-two illustrations. Philadelphia: H. C. Lea. 1867. One vol., 8vo., pp. 684. Cloth, $5.75, sheep, $6.75.

There was need of a work of this kind, which in one compact volume would sum up and put a value upon the rapidly increasing armamentarium of the surgeon. The "minor surgeries" which, by various authors, undertook to supply this deficiency, were too narrow in scope, and all of them left much to be desired in point of thoroughness. Dr. Wale's work supplies this need, and does it in a thoroughly satisfactory manner, as every physician will agree after examining the work. While more particularly adapted for the use of those expecting to enter the medical corps of the army or navy, it has nothing in it that any practitioner may not profitably read, and nothing but what he ought to know.

The estimate placed upon the different appliances described, are based upon the author's own observations to a very great extent, and are marked by care and impartiality. We do not doubt the book will have a large sale, as it certainly deserves to have.

—— Mr. Samson Gamgee reports two cases in which he used the new anæsthetic, the bichloride of methylene. He states that the effects accord perfectly with those described by Dr. Richardson.

Medical and Surgical Reporter.

PHILADELPHIA, DECEMBER 14, 1867.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

## NOTICE TO SUBSCRIBERS.

From the 1st of January, 1868, we shall strictly enforce again, our old rule requiring payment in advance. For reasons given some years since, pre-payment has not been insisted upon—but the circumstances of the country are now such that we feel warranted in again requiring it.

☞ Those who have not yet paid for the current year, will please remit immediately. There are several thousand dollars due on current subscriptions, which must be paid soon to insure a continuance of the Reporter to the delinquents. The amounts are insignificant to subscribers, but the aggregate is large enough to be embarrassing to us.

## RENEWALS AND INCREASE.

The season of the year has come when most of the subscribers to the Medical and Surgical Reporter renew their subscriptions. In doing so, we would urge upon them the importance of renewed efforts to extend our circulation. They will thus give us the means to further improve the work. Will not each subscriber exert himself to send a *new name?* A very little effort would double the circulation of the Reporter, to the manifest advantage of all concerned. Let us have the effort.

## THE COMPENDIUM.

The announcemenf of the Half-Yearly Compendium of Medical Science has been received with much favor, and a large number of names are already booked for it. Its plan is calculated to make it popular and useful, and we have every reason to believe that it will give satisfaction. We intend that it shall be the best work of the kind in the English language. Will the readers of the Reporter aid us in its circulation?

## THE DAILY POCKET RECORD.

A revised edition of this work has been prepared, and will be ready in a few days. The List of New Remedies has been extended, and there has been added Doses of Medicine for Hypodermic Medication, Inhalation, and for Suppositories and Pessaries. The Classified List of the Articles of the Materia Medica has been entirely rewritten and the prices revised. Tables for the Examination of the Urine, and of Normal Weights and Measurements of the Human Body have been added. Also blanks for a Cash Record. The book will also be some narrower than the last edition, and there will be an edition for double the number of patients weekly. When desired, we stamp the name on the tuck.

This work has been received with marked favor, and, anticipating a large sale, we have provided a large edition.

☞ Our edition of the Reporter for Dec. 7th has run short. Subscribers who do not care to keep files of their journals, will confer a great favor by sending us that number, which will be credited on their subscriptions.

## A NEW METHOD OF APPLYING DISINFECTANTS.

One of the chief difficulties in the minds of people generally, with regard to the application of disinfectants for the prevention of the escape of foul gases from water closets, privies, chamber vessels, swill pails, and other domestic sources of disease, is *how to do it*, especially in such a manner as to avoid any exposure of the excrements, etc., to the air before, or while making the application. To obviate this difficulty, and to facilitate the application, in so simple and easy a manner that even a child can accomplish it at any time and under all circumstances, has been a great desideratum, and we are gratified to be able to announce a contrivance for this purpose which embraces all the desired points, viz., simplicity, facility, economy, and constant readiness.

It is in the form of a hollow cover, capable of containing a bulk of any kind of powder, and so arranged that by a slight turn of the handle on top, a few apertures in the bottom of the vessel are opened, whereby a portion of the disinfecting contents drops into the vessel on which it is placed, and then by a spring closes itself, thus preventing any waste of the powder.

The most striking illustrations of the injuri ous effects of the foul gases which emanate from chamber vessels, and other similar sources, are the prisons of this and other countries. According to a recent report of a commission appointed by the New York Prison Association, who examined those institutions in Canada and in nearly every state of the union, the universal custom is to have in each cell a *night pail* to receive all the excrements of the occupants while in confinement, the poisonous gases from which necessarily pervade the entire institution. The results have been in very numerous instances, endemic diseases of various kinds, but most generally typhus fever, causing the loss of many lives, not only of prisoners, but also of the attendants, and the loss of incalculable days of labor, by sickness also.

The attachment to each pail of the "*Ready Disinfector*," (as it is appropriately called by its patentee, a Mr. Rankin, of Brooklyn, New York) would unquestionably be acceptable to every convict, as it would enable them to avoid the offensive odors to which they are now continually subject while locked up in their cells, and also save the health and lives now so abundantly sacrificed thereby. With this cheap and simple means of avoiding this abundant cause of poisonous air, the government of every prison should be held responsible for every life lost thereby.

We have heard of its being used in some private dwellings, where it has proved very satisfactory, and believed to have proved prophylactic of cholera, etc. In every hospital, and all other charitable institutions where many people congregate, it would be found a valuable adjuvant of their sanitary arrangements.

# Notes and Comments.

### Interesting Lecture.

Dr. Gross, the distinguished Professor of Surgery in Jefferson Medical College, delivered a lecture to the profession on the evening of Dec. 5th, on the life of that eminent American Surgeon, the late Dr. Valentine Mott, of New York. It was a most interesting discourse. The hall of the College was crowded to excess. Among those present we noticed eminent members of the legal and clerical professions of this city, besides the son and grandson of Dr. Mott, of New York, who were introduced to the audience at the close of the lecture. Professor Gross engaged the attention of all for two hours. It was a fitting and able tribute to the memory of one of America's noblest and greatest medical men.

### Consumption in Rhode Island.

In the City Registrar's Report of Providence, R. I., for the month of November, 1867, the deaths by tuberculosis amounted to 25 per cent. of the whole.

But, as is well remarked by the Registrar (Dr. E. M. Snow), "The extremely large proportion (25 per cent.) from consumption, proves the healthy condition of the city; because the mortality from this disease is not easily influenced by temporary causes, and if the mortality from other diseases is small, the per centage from consumption must be large."

### A Public Health Bill in Canada.

It is well for the profession and the public of Canada, that now, as it is just entering on a new career, as it were, as a nation, that it has at least one professional man who looks after its sanitary interests. Dr. Marsden, of Quebec, has proposed in the Provincial Parliament a Public Health Bill, which, it is announced, will be taken charge of by the Government,—which we interpret to mean that it has the support and influence of the Government. Dr. Marsden has long urged various sanitary reforms through the columns of the medical journals and the newspapers of Canada, and also in the medical journals of the United States, and before the American Medical Association. If a good, sensible, efficient Health act can be passed in Canada, we may take it in "the States" by contagion, and thus Dr. Marsden may be laboring for us as well as for Canada.

We understand that a public testimonial has been set on foot in Quebec, in acknowledgment of Dr. Marsden's services.

### Using Impure Vaccine Virus.

It is stated that at a meeting of the Board of Education of New York, held last week, a "communication was received from Drs. Carnochan, Whitney, and others, calling the attention of the Board to a flagrant wrong that is committed upon the children of the public schools, by the use of impure and vitiated virus by public surgeons, who are vaccinating them under the recent order of the Board of Health. The communication called upon the Board of Education to prevent the continuance of the wrong, by prohibiting the use of impure virus. The communication was referred to a special committee of five."

Can it be possible that the Board of Health have in their employ men who will recklessly use "impure and vitiated" vaccine virus, in the performance of so important and necessary an operation! If these charges are true, they should be fastened on the guilty parties, who should not only be discharged from the service of the Board of Health, but be disciplined by the medical bodies with which they are connected, unless they can make a good defence against the charges.

### Long Island College Hospital.

The medical college connected with the Long Island Hospital, at Brooklyn, seems to be one of the most prosperous of the medical colleges of the country. It has always had a good faculty, numbering some of the ablest teachers of medicine in New York and its vicinity. Several changes have been made in the faculty of late, which are intended to increase its efficiency, though we should think it would be difficult to replace the able men who have just left.

Prof. Ford, who enjoys the reputation of being one of the ablest teachers in this country, has accepted the chair of Anatomy, for which he is so eminently qualified. Dr. Foster Swift, who has for several years been engaged in teaching, and has won for himself an enviable position, has been appointed to the Obstetrical chair. Much ability is thus added to the Faculty, which already embraced distinguished talent.

### Backbiting.

We have received a letter signed "Subscriber" from a Western State, making a violent attack on the faculty of a medical college recently organized, accusing them of irregular practices, deficient education, etc. We do not know whether these charges are true or false, but were we ever so convinced of their verity, we would not publish the communication of a writer who is either afraid or ashamed to give his true name. We beg to inform him, therefore, that his letter is safely consigned to the waste-basket.

### The New York Evening Post.

This sterling paper, edited by William Cullen Bryant, has again effected arrangements by which its weekly issue, and the *American Agriculturist* or the *Riverside Magazine* are furnished at a very moderate price. These three papers will supply families with very excellent reading in their several departments. The *Evening Post* weekly, and *Agriculturist*, $2.50 a year; the same and *Riverside Magazine*, $3 a year; all three at $4 a year. The *Evening Post*, semi-weekly, and either the *Agriculturist* or *Riverside Magazine*, $4 a year. Cheap literature, and good! William C. Bryant, & Co., 41 Nassau st., New York.

### Cholera.

The ship Lord Brougham, arrived at the New York quarantine grounds, recently, from Hamburg in forty-eight days, with about twenty of the passengers sick with Asiatic cholera.

"The Deputy Health Officer of the port, Dr. Reed, boarded the vessel, and after a thorough examination, ordered her to be anchored in the lower bay, and the sick passengers to be transferred to the hospital ship Illinois. The ship Lord Brougham left Hamburg with a crew of eighteen, and a passenger list showing three hundred and eighty-three passengers, all in the steerage. When but two days at sea, symptoms of the cholera became manifest among the passengers, and from that time until within eight days of the arrival of the vessel at New York, the disease raged with terrible effect, carrying off no less than seventy-five persons, in some cases entire families, and prostrating a score or more, who still lie in a precarious condition. The captain of the vessel, Mr. Jorgensen, reports that the weather during the voyage, and especially during the early part, was remarkably fine and warm; and this, no doubt, accelerated the spread of the disease. The ship sailed without a physician, so that when the infection became known the efforts made to check its progress were crude and ineffective, and the mortality increased from day to day until the weather became colder.

"Had a competent physician been attached to the vessel, there can be no doubt that the mortality would have been much less, although, perhaps, the breaking out of the disease could not be avoided. The ship is clean and roomy; the passengers were by no means crowded, and the origin of the disease must, therefore, have been among the passengers themselves, or must have been conveyed in their clothing and baggage."

We understand, also, that vessels from New Orleans are quarantined at New York in consequence of the alleged prevalence of cholera in that city.

☞ Any of our readers who, during the Holiday season, or at any other time, may desire to get a first-class Piano, or Cottage Organ, (Estey's make,) will be sure of satisfactory dealing, and most gentlemanly attention, from Mr. E. M. Bruce, No. 18 North Seventh street, a few doors above Market street.

# Correspondence.

## DOMESTIC.

Editors Medical and Surgical Reporter:

I have a curious and somewhat interesting specimen, which I obtained from a farmer of this town. He says he had noticed one of his turkeys, about four months old, had not seemed well, but went about with its wings drooping for some days. One morning he discovered that she was making great efforts to discharge something, per rectum, which was hanging from her body three or four inches. He caught her, and pulled away what appeared to be a long roll of grass, partly decomposed; but, upon close inspection, proved to be a great number of tænia, closely intermingled with some strong vegetable fibre, from leaves of grass, or some other vegetable food she had eaten, which doubtless destroyed the lives of the worms. He separated forty worms, in water, from the fibres which held them together, and others were destroyed by separation. They varied in length from four to twenty inches. The turkey has remained well since discharging these tænia, which was two months ago,

If any of your numerous readers can give any light in this case, it will be gladly received.

From your regular patron,

H. J. Horton.

*Berlin, Rensselaer co., N. Y.*

[It does not seem probable that these were *tœnia*, but some other variety of intestinal worm, expelled, doubtless, by the eating of some of the anthelmintic grasses.—Eds.]

### Castor oil in Hemorrhoids.

Editors Medical and Surgical Reporter:

Having suffered for a time from the above painful disease, and having had recourse to almost all of our modern remedies with more or less satisfaction as to their efficiency, I will give you the treatment that did me the most good in alleviating those excruciating pains peculiar to inflamed internal hemorrhoids, with rigid contraction of the sphincter ani. Having tried opiates, astringents, stimulants, both internally and externally, as lotions or enemata, and during a status of high inflammation, I in my agony, had resort to the theory of heat and moisture, and found a great and permanent relief, from injections of ol. risini, the oil being as warm as I could possibly bear it. I have tried in this way adeps, ol. olivæ, glycerina, and various animal oils, but they all prove more or less *irritating*.

As an aperient in plethoric (or so inclined) patients and others, I give the most credit to sodæ et potass. tart. about ʒiij. to aq. font. f.ʒvj. about an hour before breakfast. Balsam copaibæ and pix burgundy, internally, cannot be over-esteemed, in all cases, the former given two capsules three times a day, and the latter 10 gr. in 2 gr. pills at bedtime. Having experienced with the above remedies, assisted by good hygienic treatmeant, the best success in my practice, a perfect cure in several cases, as well as in my own, I think it worth while to submit it to your readers.

Ferdinand Lessing,
Ass't. Surg. U. S. A.

*Norfolk, Va., December 7th*, 1867.

# News and Miscellany.

### Queries for Observers.

The following queries are propounded by the North Carolina State Medical Society, to each of the county society committees on epidemics and prevailing diseases:

1st. What is the topography of your County?

2d. What is the elevation above the Sea?

3d. What are the prevailing winds and temperature.

4th. What are your ordinary diseases—Epidemic and Endemic?

5th. If you have had an Epidemic, describe its nature, and give the dates and local directions of its appearance and disappearance.

6th. What are the diseases of the seasons; as Winter, Spring, Summer and Fall. Have you observed anything peculiar in the season and diseases of this year?

7th. Give a general plan of your treatment for the more common diseases of your County?

8th. Do you ever give a larger dose of the same remedy at one season than another, or observe any difference in its action at different periods?

9th. What are the ordinary doses of the principal remedies: as Quinine, Opium, Mercury, etc.?

10th. What indigenous remedies do you use, and for what diseases? How do you prepare them, and what is the dose?

11th. What as to new remedies?

12th. Do you think the troubles of our times have had any influence in producing disease, or affected it when developed?

13th. Give a full history of the cases that have proved fatal in your practice this year, with the treatment.

This idea is a good one, and we believe that if every medical society would adopt a similar plan, it would increase the aggregate amount of knowledge very materially.

### Medical Society of Harford County, Md.

This Society, though lately formed, evinces already a considerable amount of vigor. The semi-annual meeting was held at Bel Air, on the 12th of November. The attendance was not large, but the proceedings were unusually interesting. Dr. W. S. Forwood read a paper evincing great research, on the subject of diphtheria.

Dr. Lee, chairman of the committee appointed at a previous meeting to report upon the medical law passed by the last Legislature, made a report, which was accepted, on motion of Dr. Silver. The report condemns the law, and sets forth that it was unconstitutional in this, that it interfered with contracts heretofore existing; that it is in violation of the chartered rights of the Medical College of this State, and that it is calculated to foster jealousy, political as well as personal, besides subjecting the profession to lisense and taxes which are unjust.

### Moisture and Mortality.

Rain, on the whole, would seem to exert a kindly and healthy influence. There is nothing very deadly in it. It may occasion catarrhs and rheumatic complaints, but these are curable with a little management and medicine. And we are apt to put to its credit the washing away of many of the most injurious causes of disease by a good flushing of the sewers. Summer diarrhœa, cholera, and typhoid fever would be likely to be greatly lessened by a copious rain fall. So says the London *Lancet*, and an examination of a meteorological and mortality chart for last year shows that in this city the deaths from all diseases were fewest in numbers during times when the number of inches of rain was the greatest. Dr. Trench, the medical officer of health for Liverpool, has satisfied himself by a series of carefu- observations, extending over a number of years, that there is an inverse ratio between the amount of rain and the amount of mortality from infan- tile summer diarrhœa. To the same effect are the tables given by Mr. McPherson, illustrating the relations of moisture to the mortality of chol-

era in Calcutta. According to these tables, the lest mortality from cholera in Calcutta occurs in the months of July, August, and September, which are emphatically the wet months.

### Resignation of Professor Nélaton.

The London *Lancet* of October 12 says: The principal topic of medical interest in Paris during the last fortnight has been Prof. Nélaton's resignation of his clinical chair at the Faculty. This determination of the celebrated surgeon has been much commented upon. But the fact is that M. Nélaton, whose practice was already one of the largest in Paris, has been overwhelmed with work since the demise of Jobert de Lamballe, of Michon, and of Velpeau. He has, therefore, been compelled to sacrifice his more scientific occupations to the necessities of his *clientèle*. Trousseau had been obliged some time before his death to come to a like determination. M. Nélaton's retirement will be the more deeply felt as it takes place so soon after the death of Velpeau, and the consequent loss of that illustrious surgeon's teaching at La Charité. The cliniques of M. Velpeau and M. Nélaton, owing to the great reputation and well-known ability of the rival surgeons, were the most attractive in Paris, and invaribly drew crowds of students and foreign medical visitors to their respective wards.

—— A large gathering of physicians took place at Delmonico's, N. Y. city, on the evening of Nov. 26, to commemorate the anniversary of the Society for Relief of the Widows and Orphans of Medical Men. An elegant dinner was served, and a band of music added to the attractions of the evening. Toasts and speeches were made, and great good feeling prevailed. About three thousand dollars was received from new members, and the sum of five hundred dollars from a friend who modestly did not wish his name announced. The best speech of the evening was from Mr. Choate, who responded for the law. Speeches in response to toasts were also made by Rev. Cotton Smith, Dr. Detmold, Dr. Hewit, Dr. Howard, and others. The objects of the society are such as to commend it to the profession.

—— Dr. John P. Garrish has recently established in New York the Cosmopolitan Hospital for the gratuitous treatment of maladies of the eye and ear, and has commenced a series of lectures on ophthalmic surgery at the Hospital Rooms, No. 65 West Thirty-fourth St.

## NAVY NEWS.

List of changes, etc., in the Medical Department of the Navy, for the week ending December 7th, 1867.

Acting Assistant Surgeon, E. A. Dulin, resigned.

T. W. Bennett, ordered to the U. S. ship Saco.

Assistant Surgeon, Lewis S. Pilcher, detached from Naval Hospital, New York, and ordered to U. S. Ship Penobscot.

Acting Assistant Surgeon T. M. Drummond promoted to Acting Passed Assistant Surgeon.

## DIED.

Atwood.—In New York, Dec. 2, Phebe Anna, wife of H. Courtenay Atwood, M. D., and only daughter of Wm. Tillinghast, of Albany.

Maury.—At his residence in Sunflower co., Miss., Dr. Robert Emmett Maury, in the 50th year of his age.

Royston.—Laura Matilda, daughter of Dr. M. T. C. and Mrs. Adaline F. Royston, born March 29th, 1852, died Oct. 4th, 1867.

Taylor.—In New York, Nov. 30th, Eliza Mary, wife of Prof. Isaac E. Taylor, M. D., and daughter of the late Stuart Mollan.

Whiting.—In Lunenburg, Mass., Nov. 24th, Danforth Whiting, M. D., formerly of Augusta, Me., aged 37 years.

## OBITUARY.

### Surgeon H. F. M'Sherry.

This young and energetic officer died recently on board the corvette Wyoming, while returning from the Asiatic Squadron. He entered the service in 1860, and was promoted to be a full surgeon in 1863. During his service in the Navy, he held some positions of the greatest responsibility, and always proved himself a man of thorough science and ability in his profession.

## ANSWERS TO CORRESPONDENTS.

*Various Correspondents.*—The address of Dr. S. D. Gross, "Then and Now," is out of print, and cannot be obtained.

*Dr. P. J. S., of Pa.*—A vaccinator will cost you $4.50.

*Dr. S. A. B., of Ind.*—"Please inform me concerning the merits of an instrument called the 'Equalizer' which, as near as I can learn, is dry cupping on a large scale?" Instruments of this kind have been before the profession for many years. They have been thoroughly tested in the French hospitals, especially in cases of collapse and hyperæmia of the internal viscera, but the results have not been decisive. The question of their value may still be considered *sub judice*.

*Dr. W. D. N., of Md.*—You have a balance in our hands of $6.25. Shall we apply it to Reporter for 1868 and Pocket Record?

*Dr. H. W. P., of Tenn.*—The Manual costs $2.00, which please forward. The connection between ovulation and menstruation in the human female, or whether there is any inseparable connection, is still, as you correctly intimate, a *quæstio vexata*.

*Dr. W. B. T., of Ga.*—1. There is no very late edition of Bennet on the Uterus. 2. We can get for you Sim's work on the Genito-Urinary Apparatus of the female. 3. It is still deemed contrary to the etiquette of the profession to advertise a specialty in journals not medical. 4. You will find a large number of new books on diseases of women mentioned in the Reporter during the last six months.

*Dr. R. B., of Pa.*—Upham's Fresh Meat Cure may do good, but it is certainly no better than raw beef or fresh beef-essence.

*Dr. M. H. L., of O.*—It will cost about $10 00 to have a skeleton mounted here; but you can easily get it done in the city where you live, by any handy mechanic, and save money and time.

*Dr. W. M. C., of Ill.*—"I am writing a work with the view of educating the popular mind to the necessity of LICENSING PROSTITUTION. Can I make a better arrangement in Philadelphia than in Cincinnati, for its publication?" We think not. No publisher will print a work of this nature on his own risk. You will have to pay him for it.

## METEOROLOGY.

| November, | 25, | 26, | 27, | 28, | 29, | 30. | D. 1. |
|---|---|---|---|---|---|---|---|
| Wind..... | E. | W. | N. W. | E. | F. | N. W | W. |
| Weather.... | Cl'dy. Fog. | Cl'dy. | Clear. | Cl'dy. | Cl'dy. Rain. | Clear. | Clear. |
| Depth Rain.. | | | | | 5-10 | | |
| *Thermometer.* | | | | | | | |
| Minimum..... | 33° | 46° | 33° | 39° | 35° | 30° | 10° |
| At 8, A. M..... | 45 | 55 | 42 | 48 | 43 | 39 | 25 |
| At 12, M..... | 50 | 60 | 58 | 51 | 49 | 35 | 28 |
| At 3, P. M..... | 52 | 62 | 59 | 52 | 51 | 32 | 26 |
| Mean..... | 45. | 55.75 | 48. | 47.50 | 44.50 | 34. | 22.25 |
| *Barometer.* | | | | | | | |
| At 12, M..... | 30.3 | 30.1 | 30.1 | 30.1 | 29.8 | 29.9 | 30.5 |

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|---|---|
| Aloes et Assafœt: U. S. P. | $ .30 |
| Aloes et Ferri | 30 |
| Aloes et Mastich | 50 |
| Ammon: Bromid: 1 gr. | 75 |
| Anti-bilious (Veg:) | 70 |
| Aperient | 90 |
| Assafœtida, 2 gr. | 40 |
| " et Rhei | 75 |
| Bismuth: Subnit: 3 gr. | 75 |
| " Subcarb: 3 gr. | 75 |
| Calomel: ½ gr. to 3 gr. | 40 |
| " et Opii | 85 |
| " et Rhei | 75 |
| Cathart: Comp: U. S. P. | 70 |
| Chapman's Dinner Pills | 60 |
| Cerii Oxalat: 1 gr. | 1 00 |
| Chinoidin: Comp: | 1 00 |
| Cinchon: Sulph: 1½ gr. | 75 |
| Cook's, 3 gr. | 50 |
| Coloc: Comp: 3 gr. (Ext: Coloc: Comp: U. S. P) | 80 |
| Colocynth: et Hydrarg: et Ipecac: | 75 |
| Diuretic | 50 |
| Dupuytren | 50 |
| Emmenagogue | 1 40 |
| Fel: Bovinum | 50 |
| Ferri, (Quevennes,) 1 gr. | 50 |
| Ferri Carb: (Valett's,) U. S. P. 3 gr. | 40 |
| Ferri Citrate. 2 gr. | 50 |
| Ferri Comp: U. S. P. | 40 |
| Ferri Iodid: 1 gr. | 75 |
| Ferri Lactat: 1 gr. | 50 |
| Ferri Pyrophosph: 1 gr. | 40 |
| Ferri Valer: 1 gr. | 1 00 |
| Ferri et Quass: et Nuc: Vom: | 75 |
| Ferri et Quin: Cit: 1 gr. | 75 |
| " " " " 2 gr. | 1 40 |
| Ferri et Strychniæ | 75 |
| Ferri et Strych: Cit: | 75 |
| Gambogiæ Comp: U. S. P. | 40 |
| Gonorrhœa | 60 |
| Hepatica | 90 |
| Hydrargyri, U. S. P. 3 gr. | 40 |
| " Iod: et Opii, (Ricord's.) | 75 |
| Iodoform et Ferri | 3 50 |
| Ipecac et Opii, 3½ gr. (Pulv. Doveri, U. S. P.) | 50 |
| Leptand: Comp: | 1 00 |
| Lupulin, 3 gr. | 40 |
| Magnesiæ et Rhei, (1 gr. each,) | 40 |
| Morphiæ Comp: | 1 50 |
| Opii, U. S. P., 1 gr. | 80 |
| Opii et Camphoræ | 90 |
| Opii et Camph: et Tannin. | 90 |
| Opii et Plumbi Acet: | 80 |
| Potass: Bromid: 1 gr. | 75 |
| Potass: Iodid: 2 gr. | 85 |
| Quiniæ, 1 gr. | 1 45 |
| " 2 gr. | 2 75 |
| " Comp, | 1 75 |
| " et Ferri | 1 75 |
| " " " et Strychniæ | 1 75 |
| " " " et Valer: 2 gr. | 3 50 |
| Rhei, U. S. P. | 75 |
| Rhei Comp: U. S. P. | 75 |
| Rheumatic | 90 |
| Santonin, 1 gr. | 1 00 |

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|---|---|
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| Atropia, 1-60 gr. | 75 |
| Corrosive Sublimate, 1-12 gr. | 40 |
| Digitalin, 1-60 gr. | 75 |
| Elaterium, (Clutterbuck's,) 1-10 gr. | 95 |
| Ext. Belladonna, (English,) ¼ gr. | 40 |
| " Cannabis Indica, ¼ gr. | 60 |
| " Hyoscyamus, (English,) ½ gr. | 40 |
| " Nuxo Vmica, ½ gr. | 40 |
| Mercury Iodide, ¼ gr. | 40 |
| " " Red, 1-16 gr. | 40 |
| Morphiæ Acet: ½ gr. | 85 |
| " Sulphate, 1-10 gr. | 70 |
| " Valerianate, ½ gr. | 95 |
| Podophyllin, ¼ gr. | 40 |
| Quinia Valer: ½ gr. | 2 00 |
| Strychnia, 1-20 gr. to 1-60 gr. | 40 |

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THE

# MEDICAL AND SURGICAL REPORTER.

No. 564] PHILADELPHIA, DEC. 21, 1867. [Vol. XVII.—No. 25.

## Original Department.

## Communications.

### ADMINISTRATION AND EFFECT OF THE ERGOT OF RYE ON THE PREGNANT FEMALE AND HER OFFSPRING.

By Chas. H. Jones, M.D.,

Read before the Baltimore Medical Association.

Reported by J. W. P. Bates, M.D.

In the entire range of the materia medica there is no drug more interesting and important to the physician, in its effects on the human system, than the *ergot* of rye. Given during labor, as an accelerator of uterine action, it stands alone, in the position that therapeutical experience has placed it, as being capable of facilitating, in a most extraordinary manner, the entire process of delivery. The parturient action of this drug is sanctioned by the wisdom, and sustained by the experience of ages. The intelligent and observing physician, guided by knowledge and experience, is competent to ascribe to ergot, in those cases where the proper indications for its administration exist, a degree of promptness and certainty possessed by no other article known to the profession; and any attempt made to prove the inertness of ergot on the impregnated uterus, at the present time, would be equalled only by the absurdity of an argument made to prove that gunpowder was not explosive, or that clear water could flow from a corrupt fountain. For the introduction of ergot into obstetrical practice, we are indebted to Dr. Stearns, of New York, in 1807. The proper indications for its use in these cases are given in the various works on obstetrics, and will not be referred to here. Acting thus powerfully on the uterus as an expulsive agent, does it produce any effect on the child? This is a question of great interest and importance, involving, as it does, consequences not only of a professional, but also of a moral nature. In view of its peculiar action upon the impregnated uterus, I am inclined to the opinion that it often destroys the life of the child, and that a great number of still-born children can be directly traced to its indiscriminate use. These are my convictions, and I shall state the reason of my faith, and the evidence upon which it rests. Labor is a physiological process, and as the laws of nature are never without purpose, is it not reasonable to conclude that the designs in making the pains of labor regular and intermittent, were not only to give complete repose to the mother, and thus enable her to regain her strength, but also to relieve the child from the effects of pressure resulting from the expulsive contractions of the uterus? When these contractions have been excited by the use of ergot, the pressure is much greater than in ordinary labor; it is more direct, it is continuous and unremitting. No relaxation of the uterine fibres takes place so long as the influences of the drug continue. A continuation of these contractions may cause an early detachment of the placenta before the birth of the child, and thus interrupt its circulation.

Besides, the medicine taken up by the circulation of the mother acts as an arterial sedative, causes nausea and vomiting, and thus produces a toxical influence on the nervous system of the child, resulting either in its direct death; or it may be born in a state of asphyxia, from which it may or may not be revived; or it may be predisposed to ailments which may ultimately end in death, such as convulsions, paralysis, or defective mental faculties. Upon this point, Dr. Hardy, physician to the Dublin Lying-in Hospital, says: "The action of ergot on the maternal circulation is a subject of considerable interest, and has not received the attention from practitioners that it deserves." As the result of repeated observations, he refers to nineteen cases in which there was a marked diminution in the frequency of the mother's pulse following its administration. In all these instances, the fœtal pulsations underwent a similar change, and were even more remarkable than in the case of the mother. There was a marked diminution in frequency of the pulsations, soon succeeded by an irregularity of its beats. He draws a practical inference from these observations on the fœtal heart, viz., that in those cases where the number of its pulsations have been steadily reduced below 110, and

at the same time accompanied by a distinct and well marked intermission, the child will rarely, if ever, be saved. He further says: "In numerous instances I have observed the fœtal heart to undergo all these changes when very little uterine action, and sometimes none whatever, followed the exhibition of ergot; on which account I am led to believe that the depressed state of the fœtal circulation must arise, not from uterine contractions, but from some deleterious influence exerted by the ergot."

As far back as 1812, the editors of the *N. E. Journal of Med. and Surg.* stated, that, whilst they were convinced of the parturient power of ergot, they were apprehensive that an evil of great magnitude not unfrequently resulted from its use, and that was the death of the child. They were led to this apprehension from observing that in a large proportion of cases in which the ergot was employed, the children did not respire for an uncertain length of time after their birth, and in several cases the children were born dead.

Dr. Holcombe, of N. J., says: "More children, I am satisfied from what I have seen and heard, have already perished, within the last few years, from the injudicious use of ergot, than have been sacrificed by the unwarrantable use of the crotchet for a century past."

Dr. Davis, of London, reports ten cases in which the ergot was used, in four of which the children were still-born. Dr. Patterson, of Edinburgh, used it in eight cases of labor; in three of these the children were dead. In the three cases, he states that he satisfied himself, before the administration, that the children were not only alive, but apparently strong and healthy, but as soon as the action of the remedy commenced, these impressions became gradually less sensible to himself, as well as to the mother. He doubts whether more deaths are not occasioned by this article, than by the use of instruments. Dr. Chatard, of this city, made two reports in a New York medical journal, in relation to the effects of ergot. In the first, out of twelve cases in which it was given, six were still-born. In the second, out of twenty-five cases, six were still-born. Prof. Huston, in the *North Amer. Med. and Surg. Journal*, 1829, says: "My own experience with the article convinces me that it is a most dangerous and destructive drug. The children were still-born in a proportion shocking to my feelings. In the city of Philadelphia, where it is so much praised by so many distinguished men, this item in the bills of mortality has become so glaring as to attract the notice of the editor of one of our daily papers."

Dr. Tyler Smith says that ergot is a medicine of direct, and not of special reflex action. As it affects the life of the child either as a direct poison, or by interfering with the materno fœtal circulation, it should not be given, if possible, too long before the time of birth, nor until all the usual modes of exciting the uterus by reflex action had been tried in vain. Cazeaux says that it can be prudently administered only when a prompt termination of the labor can be predicted, the pelvis well-formed, the child presenting by its cephalic or pelvic extremity, the cervix uteri sufficiently dilated, or soft and dilatable, and when the membranes are ruptured.

Suppose a case of ordinary labor, where the indications for the use of ergot are clear, and where nothing is wanted to terminate it, except expulsive action of the uterus. How long a time should elapse after the administration of this drug before its action on the uterus commences, in order that the child *may not* be still-born? Upon this point, Dr. Handy says: "In some cases, it acts as soon as *seven* minutes, but generally, from *ten* to *fifteen* minutes may be stated to be the average. In those cases where the child has been born alive, I have observed that its action always commences within twenty-five minutes. When a longer period than this elapses, the use of instruments has been necessary to perfect the delivery, or the child has been dead-born." Dr. Ward, in the *N. Y. Med. Journal*, says: "I am led to conclude that in most cases after giving it, unless the child is expelled in forty minutes after the powerful contractions commence, it will be born dead." In an article entitled, "Observations on Ergot," in the *Charleston Med. Journal*, the writer says: "Ergot may be administered, with perfect safety to the child, provided its delivery be completed within *thirty* or *forty* minutes after its action becomes apparent. If delivery be delayed beyond this period, the child is invariably still-born." From my own experience, I am disposed to limit the time to one hour.

From these considerations we are admonished that there is a certain degree of caution to be exercised in the administration of this drug. I do not mean to say that in all cases of labor the effects of ergot would be destruction of the life of the child—no, not even in those cases in which its administration would be improper. Its failure under such circumstances would no more prove its harmless character than would the failure of quinia in a well marked case of intermittent fever prove that quinine has not antiperiodic virtues.

That ergot is abused, cannot, I think, be questioned. We are too apt to view its administration in these cases in the light of a sewing machine, or patent churn, as a *time* and *labor* saving apparatus. We are often too anxious to be relieved of the monotonous groans of our patient, and disposed to hurry things up. In the language of Tennyson,

> "He gently prevails on his patient to try
> The magic effects of the ergot of rye."

Is there any harm done? If there is, he quietly consoles himself with the humanitarian doctrine that everything connected with life is subject to contingencies which no human sagacity can foresee.

Is ergot capable of producing any effect on the uterus *anterior* to the full term of gestation? This is, probably, the most important question connected with the effects of ergot. It claims our consideration not only in a professional, but also in a medico-legal aspect. On this point there is a diversity of opinions in the profession. Experiments upon animals, and the abortive effect of the drug on the pregnant female, have answered the question in the affirmative. Dr. Osler, in the *Philadelphia Jour. of Med. and Phys. Sciences*, vol. xi., reports the results of three experiments. The first was a sow, supposed to be in her seventh week of pregnancy. One drachm was given and repeated in three hours. In the course of the night she aborted nine small pigs. The second was upon a cow; two ounces were given about 10 A. M., and, after suffering severe pain, she aborted at 6 P. M., the same day. The third was on a cat; sixteen grains were given at 8 P. M., and the animal confined in a room. Next morning she was found to have been delivered of four kittens, all of which died during the day. Dr. Chatard reports having given one drachm to a cat. Abortion took place in twenty-four hours, preceded by considerable hemorrhage.

A case is reported by Professor James in which he determined to bring on premature labor in a woman whose pelvis was too small to permit of natural delivery at full term. Ergot was given, and the effect was accomplished, not only in this instance, but in her subsequent pregnancies. Dr. Dewees reports a case of a woman who became pregnant by illicit intercourse. Wishing to conceal her guilt, she applied to a physician, who gave her some powders which, he said, would produce abortion. After taking several of them severe pains came on with hemorrhage. In this state, the Dr. found her. She was soon delivered of twins at about the fifth month. On examining one of the powders, it was found to be ergot. Dr. Ramsbotham, in the *London Gazette*, 1834, reports thirty-two cases in which it was necessary to bring on premature labor, and in all of them it was accomplished by the use of ergot. Dr. Dubois, of Paris, reports a case of premature labor brought about, at the eighth month, by the use of ergot, and he classifies it among the measures calculated to produce premature artificial delivery. Cases are also reported in Beck and Taylor. I think these cases are sufficient to prove that it will act on the uterus anterior to the full term of pregnancy.

In order to save the life of the woman, or where nature is incompetent to a safe delivery, we are justified in its use as an abortive agent. Its administration receives the same professional and moral sanction as the operation of embryotomy, with this difference, that whilst this operation is limited to the medical profession, ergot is in the hands of the midwife, the imposter and the professed abortionist. I am of the opinion that ergot forms the basis of the various pills and mixtures daily vended for the purpose of producing criminal abortion. For this purpose, it is sometimes mixed with flour, ginger and molasses, and baked in the form of a ginger cake.

## CASE OF HYDROMETRA AFTER DELIVERY.

By D. S. Gloninger, M. D.,
Of Philadelphia.

Nov. 20th, 1867, the writer was called to attend Mrs. P——, æt. 37, in her first confinement. During the latter part of her term she was somewhat œdematous, especially in the lower limbs. At the sixth month she suffered from a violent pain in the left side, her decubitus thereafter being on her back; otherwise general health good. Nothing in her history to account for the subsequent troubles about to be detailed.

At 3, A. M., Nov. 21, a fine healthy female child was born. Placenta expelled a few minutes afterward; no hemorrhage; womb contracted; bowels tympanitic. Gave her f.ʒj. of tinct. opii camph., bandaged her well, and left, cautioning her to be quiet. Being of a nervous temperament, the shock of a severe labor left her very susceptible to alarm, and hence the caution given.

Nov. 22d. Patient slept well during previous day and night. Evacuated her bladder several times and in large quantity. All things looked toward a speedy convalescence. At 11, A. M.,

patient's condition not so favorable. Pain on pressure; great tension of abdomen, as large as previous to confinement; no lochia; headache and general nervous symptoms. Countenance expressive of great alarm; extremities cold; pulse full and hard; breathing labored. Sent for at 1, P. M. Patient had suddenly passed an immense amount of liquid from the uterus, saturating a quilt of four thicknesses and underclothing generally. Prior to discharge, was in a semi-conscious state, but rallied and expressed great relief. Similar discharges took place during the day, viz., at 11½, A. M., 1, 3. 5½, 6, and 10½, P. M. We visited her twice during the day. No pain on pressure; not so much oppressed in breathing; tension on the diaphragm relieved; uterus partially contracted; no lochia during the day. Percussion discovered some liquid and an accumulation rapidly going on. Ordered the bandage to be tightly drawn as a support, and the following, viz.,

℞. Ol. terebinth., f.℥ij.
Vin ergotæ, f.℥ss.
Spts. æth. comp., f.℥ss,

A teaspoonful every hour, on loaf-sugar.

*Indications.* Produce contractions of the uterus so as to act on the longitudinal fibres, heal the secretory surface, if possible, and allay nervous excitability.

The case was novel. Was it a secretion or a disintegration of the blood in utero? We viewed it as a case of atony. Though the pulse ran 76 and full, there was a want of contractility of muscular fibre, and her previous anasarcous condition, with the long-continued pressure upon the vessels, could have originated the consequences.

At 11, A. M., Nov. 23d, saw our patient; no return of discharge; a large clot followed the last flow of liquid; since then a slight lochial exudation; milk in small quantities; no unpleasant symptoms on pressure; uterus yielding to ergot; prognosis favorable; bowels torpid; gave ol. ricini, f.℥ss.

Nov. 24th. Bowels moved three times; tympanitis disappearing.

Nov. 25 to 27. Improving; no return of water; breasts overflowing with milk; uterus contracted and lying low in pelvis; pulse regular, 75; nothing unfavorable; skin moist; strength returning; danger over.

—— Sore Nipples.—Dr. Blacquieres says, in the *Journal des Connaissances Médicales*, that three or four applications of the following compound cures this complaint: Cocoa butter, 150 grains; extract of rhatany, 10 grains.

## CASE OF ANEURISM OF THE ABDOMINAL AORTA.

By James B. Burnet, M.D.,
House Physician, Bellevue Hospital, New York.

Manahon, æt. 25, a native of Ireland, was admitted to Bellevue Hospital on April 17th. One year ago he suffered much from a severe pain in his loins, which extended to his left side. Two weeks before entering, he had an attack of pain in his back and left side, which in three days subsided somewhat, and he attempted to work, but found that his strength, which had been failing for a year, would not permit. When admitted, he was prostrated by pain in the lumbar region.

### Condition on Admission.

His general appearance is good. Pulse 100. Respiration hurried. Bowels constipated. Ordered laxatives and an opiate.

April 18th. The pain is not less severe, and now runs down the course of the ureter, and round the left side towards the umbilicus. There is also severe pain in the left testicle, with retraction of that organ. The symptoms now seem to indicate strongly the presence of a calculus in the ureter. The urine was examined, and found to be normal. He now passes less urine than formerly. Ordered cups to the back and opiates.

April 20th. The patient has had a chill. Otherwise about the same.

May 1st. His pains are decreasing. Bowels costive. Ordered an injection. Treatment otherwise the same.

May 20th. The patient is beginning to become emaciated; sleeps little, and the pain in his testis is more severe.

May 26th. The patient lies on his back with his knees drawn up. His abdomen is quite full, somewhat tympanitic, and very painful. He has had no passage from his bowels for several days. Has had a chill. Pulse 105. Ordered an injection, but there was no escape of fæces. Opium continued.

May 28th. The patient is very thin, pale, and covered with a cold sweat. His pulse is feeble, and 110. His abdomen is very much swollen and tympanitic. He vomits constantly. His left testicle is firmly retracted. There is slight dulness on percussion in the course of the descending colon. Impacted fæces are suspected to be present. Many injections given, but only a small amount of fœcal matter removed.

May 29. Vomiting continues. Ordered pills of croton oil and extract of colocynth, but they

were followed by no dejection. Opiates as before.

June 5th. The patient is very weak. Pulse 110. His abomen is less tender, but he has had no dejection yet. He vomits less often. He takes beef tea and wine.

June 6th. His pulse is 96, and stronger. That part of the scrotum which covers the left testicle is blue. Ordered a charcoal poultice.

Peritonitis is less, and his skin is becoming yellow. Region of dulness in abdomen has extended in two days to twice its former width. Now it reaches nearly to the umbilicus. He has had no dejection, nor any vomiting. His tongue is dry, and his pulse weak.

June 12th. A consultation was held, and the tumor decided to be aneurismal. Pulsation was felt extending to all parts of the tumor, but no bruit was heard. His pulse is 100 and wiry, and his skin very yellow. The patient is very much emaciated.

June 13th. The patient died this morning at half past five.

June 14th. *Autopsy at half past four, P. M.* The abdomen only was laid open. The flaps on the right side were easily laid back, but those on the left could be raised only for about three inches, being held down by a tumor which was adherent to them. There were everywhere marked evidences of previously existing peritonitis in the shape of strong fibrous bands binding the loops of intestine together. There was but little fluid in the abdominal cavity. The tumor filled nearly one half of the abdomen, and extended from the diaphragm to Poupart's ligament, dipping also down into the pelvis. The tumor had adapted its shape exactly to that half of the abdomen, pushing the intestines and stomach over to the right side. It was of a dark blue color, and was firmly adherent to the abdominal walls, wherever it came in contact with them. The descending colon and a part of the ileum formed a part of the right wall of tumor, as did the pancreas above. The tumor posteriorly covered the whole of the vertebral column from two inches above the renal artery to the sacrum. It was then carefully dissected out, together with the aorta, and kidney of the left side. On examination of the exterior of the tumor, the kidney was not seen. The aorta at the origin of the renal arteries was the seat of an aneurism, which would hold about six ounces of fluid. The sack presented on its inner surface large atheromatous patches, but contained no clots. Opening out of this was a larger aneurism containing in it the kidney. The walls of this sack were composed of condensed areolar tissue, but the kidney formed no part of them. The ureter was strangulated where it passed through the walls of the aneurism. Thus the urine was prevented from flowing from the kidney, giving rise to a dilatation of its pelvis. Connected with this aneurism was still another; the walls of which were the abdominal walls on the left and in front; the abdominal viscera on the right, the pelvic fascia below, and the diaphragm above. This immense sack was filled with hard clots, many of which were entirely distinct from the rest of the mass, as if the blood had been poured out at different periods.

## CASE OF APHASIA FROM GUNSHOT WOUND OF THE HEAD.

By W. E. Whitehead, M.D.,

Captain and Assistant Surgeon U. S. Army.

While serving in the field in the Southwest with the 4th Regiment, Cavalry, U. S. Army, and during the retreat of General Hood from before Nashville, Tennessee, I was called on to see a rebel officer who had been shot a few hours before, during a skirmish we had had with some dismounted rebel cavalry.

The officer was a captain in a Tennessee Confederate cavalry regiment, and the son of a physician residing in Humbolt, Tennessee. Should this meet the eye of the doctor, I shall be glad to know the result of his son's wound. I found the captain lying on the floor in the house of a woman who lived near the road, and a short distance from the spot where he was wounded; whither he had been brought on horseback by some of his men, in a faint and insensible condition; the woman and the men who had brought him, supposing he would die in a very short time. When I saw the wounded officer he had recovered from the prostration and reaction had set in. When I asked him where he was wounded, he turned over on his back raised himself up and placed his fingers on his wound, then showed me his fingers with brain-matter and blood on them; looked very much depressed in spirits. When I asked him if he could not speak and tell me who he was, he at once drew out his note book showed me his name, rank, etc.; but could not make an audible vocal sound, although he appeared to be making every effort to do so. On examination I found the wound of entrance of a large pistol ball, or of a ball from a Burnside carbine, about three inches and three-quarters ($3\frac{3}{4}$) above the eyebrow of the right side, and one inch and a half ($1\frac{1}{2}$) from the median line on the right; the

track of the ball was from before, a little backward and toward the right side. The ball had lodged within the cavity of the skull. I traced it with my little finger for a distance of two inches and a half (2½). The patient could see well, pupils dilated, hearing and taste perfect, no paralysis, deglutition normal. I gave him some whisky to drink, had him comfortably placed in bed, dressed his wound, left orders to keep cloths applied constantly to the wound, wet with cold water, gave directions what to feed him, promised to call the next morning if we did not camp too far away. I called the following morning, found the captain very comfortable, had slept some, was not suffering, but still could not make an audible sound with his voice. After the first hemorrhage, immediately upon receipt of the wound, which was profuse, very little blood was lost, but considerable brain oozed out while I was examining him, and during the night.

We soon took up the line of march, and consequently I saw no more of the captain, but have often wondered if he recovered. His wound and its effects have excited a great deal of interest in my mind; to me it was one of the most singular wounds, in every way, that I have ever seen.

Why the man could not speak, although he had intelligence enough to point out to me in his note book, his name, rank, etc., was an interesting question. And then he appeared to look at me very inquiringly to get my opinion of his wound; he seemed to think when he saw his fingers covered with brain, that his case was a very hopeless one, and shook his head discouragingly.

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— L'Union Medicale translates from the *Gazeta Medica de Bahia* an account of a peculiar disease known in Brazil as *ainhum*. It is described as being confined to the little toe of the negroes. It is much more common in males than females, in negroes than creoles, particularly affecting those imported from Africa. In the latter country it is said to affect women equally with men. The toe enlarges; is the seat of pain; "as if a worm were gnawing the bone." Eventually a line of demarkation forms, and the toe separates spontaneously or is removed. The nature of the disease is said to be essentially different from Elephantiasis Græcorum, with which it has been confounded. The toes removed are found to be in a more or less advanced state of fatty degeneration. The cause of the disease is unknown; it is not caused by walking barefoot, or by a ligature applied for the purpose of escaping work, since it occurs in the free negroes who wear shoes, and who have no motive for malingering. The cure of the disease consists in evulsion. The French translator mentions an analogous disease of the fingers observed in one of the departments of France, having some connection with rheumatism.—*Medical Gazette.*

# Hospital Reports.

Jefferson Medical College,
*November 13th*, 1867.

Surgical Clinic of Prof. Gross.

Reported by Dr. Napheys.

### Obliteration of Pupils.

Ellen C., æt. 15 mos. There is a large deposit of lymph upon the anterior surface of the iris in each eye, giving the part a peculiar dark-colored appearance, and obliterating the pupil. The child can see a little out of the left eye, but not at all out of the right. There has been destructive inflammation here, which, with the deposit, has existed for many months. The eyes do not water much now. There is not a great deal of inflammation at the present time. The damage has been done by the effusion of plastic matter in the anterior chamber of the eyes.

If the case were one of recent standing, there would be more hope of doing good by treatment. The difficulty is that the lymph has become organized. The child was ordered

℞. Potass. iodidi, gr. xx.
Hydrarg. chlor. corros., gr. ij.
Aquæ, f.℥viij. M.

Sig. Teaspoonful ter die, with an occasional teaspoonful of castor-oil; no meat, a milk-diet, and exclusion from too much light. By continuing the treatment in this way chronically for a number of months, it may be possible to effect some relief by stimulating the absorbent vessels.

### Remarkable Epithelioma of the Skin.

Mrs. Mary F., æt. 37; widow, with three children. This patient was here last April, (vide vol. xvi., pp. 357 and 383,) on account of a number of naked tumors, without any covering whatsoever from the skin, situated on the right breast. Several of these growths were strangulated at that time and removed, much to her relief. Subsequently repulliation commenced.

This is a remarkable instance of epithelioma, or a form of scirrhus not involving the mammary gland, but the skin over the mammary region. It is possible that the disease may have extended from the skin to the superficial portion of the gland, but this is very problematical. The affection evidently began in the integument, and when the case first presented itself, the tumors had the same peculiar aspect they now have, looking like so many mushrooms without any covering from the skin, of a scarlet complexion, very hard, of a scirrhus or callous consistence, some of them quite small, in the form of tubercles, others quite large, exceedingly vascular, bleeding under the slightest touch, and furnishing a discharge, thin, sanious, and very offensive. The patient, when she first appeared for treatment last April, was very much debilitated, and had a peculiar cadaverous countenance. She was put under the use of tonics, and cleanliness enjoined. Under this treatment, she has improved greatly in general health.

This patient is presented to-day at the clinic,

not for the purpose of performing an operation, but in order to exhibit this unique form of disease. Prof. Gross has never seen a similar case. Probably, at a future time, the mass of tumors, with the mammary gland, will be removed. To shave off the tumors is not possible under existing circumstances.

**Excision of Mammary Gland.**

Mrs. E. N., æt. 59. This patient has been affected with disease of the right breast for one year. There is no enlargement of the axillary lymphatic ganglions. In a case, that of Mrs. B., operated on at this clinic fifteen months ago, nearly fifty of these glands were counted in a state of enlargement; there must, therefore, be at least fifty lymphatic ganglions in the axilla in a healthy state.

The breast is atrophied; the inner portion, situated between the nipple and the middle line, is apparently perfectly natural, having a soft semi-elastic feel; the other portion is perfectly hard. The nipple is characteristically retracted.

This is a case of scirrhus favorable for an operation. The mammary gland will be removed, together with a portion of the common integument, so as to include the nipple in the elliptical incision, which will be made in the direction of the fibres of the great pectoral muscle.

There is no remedy for cancer, with the exception of the knife. Unfortunately, immunity from relapse cannot be secured after the performance of the operation, no matter how thoroughly the morbid structure may be dissected away. The cases most favorable for operation are such as that under consideration, where there is no axillary lymphatic enlargement, no ulceration of the skin, no strong adhesions, no constitutional involvement, and where the tumor is of slow formation. In performing the operation every particle of diseased structure should be removed; the very atmosphere of disease should be cut away. If a cancer cell be left behind, there will be inevitable recurrence. When the axillary lymphatic glands are involved, and an operation is performed, they should, of course, be extirpated by an extension of the incision. Always aim to preserve as much fat as possible, because it promotes adhesion.

The patient was placed under the influence of chloroform, and the operation performed in the manner described. Three small arteries were tied. Not more than two ounces of blood were lost. The parts were brought together by several points of interrupted suture and adhesive strips, and a compress and bandage applied.

If relief be not afforded, cancer generally terminates in the death of the patient, in from eighteen months to two and a half years. Sometimes life is prolonged for fifteen or twenty years. Prof. Gross removed the mammary gland several years ago from an elderly lady, who had formerly been a patient of Sir Astley Cooper, in whom the disease had existed for nearly twenty-five years. She finally died from the effects of some other disease, in South Carolina.

**Excision of Inferior Dental Nerve for Neuralgia.**

Timothy F., æt. 50. This man, from Manayunk, has been for a long time sorely afflicted with facial neuralgia, from disease of the inferior dental nerve. Powerful anti-neuralgic remedies were employed, with only a temporary effect. Two weeks ago last Saturday, the lower jaw was trephined; three disks of bone taken out, and a considerable portion of the inferior dental nerve removed. For some time after the operation, the patient had nearly as much pain as before, but it has now very much diminished. Of late he has had only a few slight attacks. He sleeps well.

Prof. Gross is perfectly convinced that this man will be entirely well in the course of a very short time,—which was the result of a similar operation performed in June last at this clinic, for the relief of a man who had been suffering the most atrocious neuralgic pain for three years, (vide vol. xvii., p. 99), and who reported himself October 30th, five months after the operation, as entirely free from pain, (vide vol. xvii., p. 441.)

This patient is still laboring under the effects of the operation—a severe one. The continuance of the pain can only be accounted for under the supposition of the influence of habit. He was ordered an ounce of tincture of aconite root, to be rubbed on his face three or four times a day.

# Medical Societies.

## CRAWFORD CO. (PA.) MEDICAL SOCIETY.

A stated meeting of this Society was held at Titusville on the 3d inst., a large number of members being in attendance. The President, Dr. Grier, being unavoidably absent, the chair was occupied by Dr. Varian of Titusville, one of the Vice-presidents.

A report was made by the committee on printing and the committee discharged.

The committee on the resolutions offered by Dr. Calvin at the last meeting, relative to the taxing by the local authorities of itinerant physicians, reported that, after consulting the City authorities of Meadville, and also several legal gentlemen, they had concluded that such a tax could not be levied without special act of the Legislature. The committee was discharged.

The committee on the resolutions of Dr. Cotton relative to petitioning the Legislature to publish the transactions of the State Medical Society as a public document, as is customary in other States, reported a petition for that purpose, which was signed by the different members of the Society.

The committee on the case of R. Vaughan Pierce, a noted abortionist of Titusville, reported that the said R. V. Pierce had left the County, and was out of the jurisdiction of the courts of this State. The committee was discharged.

Dr. Cotton offered an amendment to the constitution so as to allow physicians of adjoining counties where no Society exists, to join this Society; which amendment will be considered at the next meeting.

An essay on Ovaritis was then read by Dr. Varian, of Titusville, for which a vote of thanks was returned.

Dr. Cotton presented a written communication in the case of Extra-Uterine or Tubal Gestation.

Dr. G. W. Barr, of Titusville, reported the case of A. T. Ballentine, the inventor of a torpedo bearing his name, who was injured by the premature explosion of one of those articles in September, 1866. The powder was blown into his face and eyes, completely destroying the sight and blackening the face; also a piece of considerable size entered his forehead at the root of the nose, from which place it was with difficulty removed. Portions of bone, and also of the brain afterwards, were discharged. The patient recovered with almost the total loss of sight, smell and taste.

Dr. T. F. Oaks, of Titusville, was appointed the essayist for the next meeting.

A committee was appointed to prepare a list, for reference by the Society, of all practitioners of medicine and surgery throughout the county; said list to comprise, under different heads, all Regulars, Eclectics, Homœopathists and Nondescripts.

A committee to prepare a report of the sanitary condition of the County during the past year, was appointed. A report of that nature is required each year by the State Society; which report comprises a description of the topography, geological formation, drainage, etc., of the County; also a description of all epidemics, etc.; together with a report of any cases of extraordinary interest.

An invitation to attend the next meeting of the Venango County Medical Society was received and accepted with thanks. Notice will be given of the time of the said meeting.

After other business of less general interest, the Society adjourned to meet at Meadville on the 12th day of February next, at 7 P. M., to which an invitation is extended to all regular physicians throughout the County.

## NEW YORK MEDICO-LEGAL SOCIETY.

A stated meeting of the New York Medico-Legal Society was held November 26th, 1867, at Dr. Sell's office, No. 151 East 30th street, Dr. T. C. Finnell, President, in the chair.

Dr. W. Beach presented several pathological specimens, among which were an aneurism of a portion of the arch and descending aorta of a negro man, aged 33, the rupture of which caused his sudden death. The stomach of a woman who had poisoned herself by drinking the water she had poured boiling on half a box of lucifer matches. The stomach of a woman who had poisoned herself with cyanide of potassium.

Dr. Raphael opened the discussion of the question of the evening,

### What Constitutes a Dangerous Wound?

He said the law had not defined the circumstances that make a wound dangerous, the question being usually left to the surgeon to explain to the jury. Wounds were dangerous, not only in proportion to their extent, but also to the condition of the recipient, at and after the time of their infliction. He would divide dangerous wounds into three classes. 1. Wounds dangerous from extent or from implicating vital organs. 2. Slight wounds inflicted on persons of depraved constitution. 3. Wounds becoming dangerous through remote complications.

Dr. Chadsey thought no wound should be certified as dangerous, unless it was so in itself.

Dr. W. Beach said the law held a man responsible, not only from the actual wound, but from all the consequences flowing from it.

Dr. Finnell agreed with Dr. Beach. He would certify any wound as dangerous, until the time had come and passed for the development of its various consequences.

Dr. O'Dea spoke of the difficulty of sometimes establishing a connection between the wound and the disease which follows, citing a case in point.

Dr. Gruening considered it important to note the accidents to which a wounded person might be subjected, as in hospital where erysipelas might be prevalent.

# Editorial Department.

## Periscope.

### Bromides of Potassium and Ammonium.

Dr. Sabin, of West Troy, N. Y., makes the following note on the use of these agents, in the *Boston Journal of Chemistry:*

I have used them both, and like ammonia much the best, for the reason it is a stimulant; while that of potassium is a sedative; and in most cases of nervous wakefulness, there is great debility attending it, requiring stimulants and tonics instead of sedatives. Both will, in most cases, cause sleep; but with potassium the sleep will be followed with great prostration and languor; while with ammonia the patients are strengthened and refreshed.

The following case will illustrate:

Mrs. W., aged 45, of a nervous lymphatic temperament, after the death of a very promising son of fourteen years, sank into a condition of nervous prostration; no desire for food; was able to sit up, or lie on the lounge; said she was not sick, but could not eat, or sleep; had no pain. After trying opium, morphia, valerian, hyoscyamus, etc., without any beneficial results, I gave bromide of ammonium in sixteen-grain doses, on going to bed, which made her sleep, feeling the next morning very much refreshed. This was continued several days, with the same beneficial result. After she had taken it some days, at the suggestion of a neighboring physician, I gave her the bromide of potassium as follows:

℞. Bromide of potassium, ℥j.
Water, f.℥iv.

*Dose:* Tablespoonful three times a day. This took away all her life and ambition; it caused general languor, and great feeling of prostration, which, I fear, had it been continued,

might have proved fatal. I changed back to the ammonia with good results; and had the satisfaction of seeing my patient, in a few days, able to take a journey to the sea-shore.

In a case of delirium tremens in a woman, where she had not slept for several nights, after trying opium with no sleep, I gave the ammonia, which made her sleep, waking refreshed, and she soon recovered.

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### Artificial Respiration in Cases of Drowning.

The *Boston Medical and Surgical Journal* timely remarks:

The announcement in the daily papers of deaths by falling through the ice, brings forcibly to mind the subject of artificial respiration among the means to be employed in the attempt at resuscitation in such cases. Marshall Hall's or the Sylvester method (the latter, in our opinion, the better of the two) are mainly relied upon at the present time to accomplish this purpose. A melancholy occurrence a few miles from Boston, a short time since, in which three young persons lost their lives by drowning, prompted a correspondent, Mr. C. W. Spofford, of Groveland, to suggest to us what he thinks would be a valuable aid in such instances to the other methods employed. He advises the use of pliant rubber or leather discs, such as are used by boys for lifting weights, under the name of "suckers." These discs, well softened in water, if of leather, are to be applied to both front chests, and used in expanding the thoracic walls during the forced inspiration, the introduced air being expelled by gentle pressure during expiration. The experiment is well worth trying as an accessory to other methods having the same object in view. As yet, its efficacy has not been tested. There is a contrivance which is sometimes used as a movable handle for pulling out table-drawers, consisting of a piece of soft rubber with a drawer-knob at the back, which would probably answer very well for the purpose.

All of these methods of setting in motion the function of respiration, after its suspension by drowning, or by any other agency, are defective, however, and unsatisfactory, from their insufficiency. A simple test of this any one may try upon himself, by simply attempting to carry on respiration in his own person, by expanding his chest to the fullest extent possible by either the Hall or the Sylvester method, and allowing the small quantity of air thus introduced to escape in expiration, continuing the process without any other effort than that employed in these methods. He will find, however, that the *besoin de respirer* soon becomes intolerable, and can only be satisfied by a long, full, diaphragmatic breath, which relieves him of his discomfort.

The defect, then, in these various methods is that they do not accomplish enough. They overlook the fact that the diaphragm is the great muscle of respiration, and that the quantity of air introduced by the elevation of the parietes of the chest stands in relation to that drawn in by the contraction of this muscle, in the proportion of 3 to 10 or 12. It is to direct inflation, then, that we must look for the most effective means of re-establishing suspended respiration.

The proper method of performing this is by the introduction of a tube into the nostril of the asphyxiated person, the nose being tightly compressed against it by the thumb and forefinger of one hand, while the other is placed over the mouth to prevent the escape of air. Air is to be gently blown in from the mouth of the operator until it thoroughly fills the lungs, which is easily accomplished without any great effort. The air is then to be allowed to escape by the natural contraction of the walls of the chest, aided by moderate pressure over the base of the chest. The process should be repeated at the rate of ten or twelve times a minute. A clean pipe-stem of sufficiently large calibre, or a quill, is a convenient instrument for the purpose.

It is to be remembered that the lungs in a state of asphyxia are in the condition of those of a dead body; all the air has left them that the rigidity of the chest permits. In common respiration, the lungs are by no means thus thoroughly emptied. According to physiologists, only from ten to thirteen per cent. of the air in the chest is drawn in and expelled in each act of respiration. In the act of drowning, the last thing observed is the escape of the *residual* air as it bubbles to the surface of the water. Of course, it is important, in establishing artificial respiration, to imitate as closely as possible the conditions and the processes of nature. By insufflation the lungs are fully distended, and are thus brought as nearly as possible into their natural condition, whereas, in the Hall and Sylvester methods, only one quarter as much air is introduced, and absolutely none to replace the residual air. It is important to remember, also in this connection, that it has recently been discovered, that the vitalizing process is carried on much more fully and completely in slow and full respiration than when the same quantity of air is inhaled by short and rapid breathing.

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### Vesico and Recto-Vaginal Fistules.

The following novelties in the ordinary procedures in these cases are claimed by Dr. N. Bozeman in the *Med. Record.*

I may mention, first, the paring and suturizing of the cervix uteri. This had been done previously, it is true, by Jobert (de Lamballe,) but the precedence was unknown to me at the time of my first operation in 1855; secondly, a new and successful plan of treating rents of the urethra; thirdly, the making of the uterus subservient to the closure of large fistulous openings, by hauling it down and attaching it to the anterior border of the fistule, thus superseding the necessity of a resort to M. Jobert's dangerous and unsuccessful procedure, *d'Autoplastie par glissement ou par locomotion*, the only plan then practiced in such cases by surgeons generally; fourthly, a successful plan of disengaging or extricating the cervix uteri from the bladder when incarcerated in the latter organ, as sometimes happens, and at the same time closing the fistulous opening, thus giving the menstrual flow its natural outlet, a procedure in which I claim pri-

ority, and so far as my reading extends there are no other cases, except my own, to be found upon record, treated according to my method or otherwise; fifthly, transverse or horizontal obliteration of the vagina in a class of cases where the loss of tissue has been so great as utterly to preclude the possibility of closure of the fistulous opening in the usual way.

# Reviews and Book Notices.

**A Practical Treatise on the Diseases of Children.** By D. Francis Condie, M. D. Sixth Edition. Philadelphia: Henry C. Lea. 1868. One vol., 8vo., pp. 783. *Price*, cloth, $5.25; sheep, $6.25.

When a medical work reaches its sixth edition, it needs no praise from a reviewer, and is independent of his criticisms. Dr. Condie's work has been so long known and extensively read by the profession, that any detailed description of its scope and character would be superfluous.

The author mentions in his preface, that the entire work has undergone a careful and thorough revision, and that every important observation on children's diseases which has appeared since the last edition, has been incorporated.

As in this time of rapid advance in diagnosis and therapeutics, no physician is excusable on the ground of ignorance, it behooves all who have to treat this extensive class of diseases, to make themselves acquainted with everything of value known concerning them. For this purpose the present work offers a trustworthy guide.

**A Practical Treatise upon Eczema, including its Lichenous and Impetigenous Forms.** By Dr. M'Call Anderson. Second Edition. London: John Churchill & Sons. 1867. One vol., pp. 178.

Dr. Anderson, who is Physician to the Dispensary for Skin Diseases in Glasgow, has been writing a series of works on his specialty, of which this constitutes one part. "The Parasitic Affections of the Skin," and "Psoriasis and Lepra," are by the same author. They are a series of excellent practical treatises, based chiefly on original investigation, and are free, in great measure, from the pedantic nomenclature which overloads and obscures so many volumes on this difficult branch of medicine.

A number of formulæ are given, and the chapter on treatment discusses the merits of all important therapeutic agents which from time to time have been urged upon the public notice.

We have been very well pleased with the views of the author on the vexed question of classification, and their simplicity and comprehensiveness will recommend them to all. We suppose the work can be obtained through any of the large importing houses.

**Observations on the Nature and Treatment of Polypus of the Ear.** By Edward H. Clarke, M. D., Professor of Materia Medica in Harvard University, etc. Boston: Ticknor & Fields. 1867. 1 vol., paper, pp. 71.

This monograph gives a most careful analysis of thirteen cases of the little known surgical disease of which it treats. As the writer very justly observes, the classic authors on aural surgery give confused and conflicting accounts of it, and pass it over, to say the least, very cursorily. Yet it is of great importance that at least all who make a special study of diseases of the ear, understands the process of growth, and proper remedial methods to be employed in such cases. To all such, this little volume will be indispensable. It is illustrated with two handsome plates, representing the histology of the polypi; and is printed in that elegant manner, for which the publishers are famous.

**The Principles and Practice of Laryngoscopy and Rhinoscopy, in Diseases of the Throat and Nasal Passages. Designed for the Use of Physicians and Students. With Fifty-nine Engravings on Wood.** By Antoine Ruppaner, M. D., M. A. New York: A. Simpson & Co. 1868. 1 vol., cloth, 8vo., pp. 153. *Price*, $2.00. For sale by Lindsay & Blakiston.

This is a clear, concise summary of the existing knowledge on the methods of examining the interior of the larynx and pharynx, and the manner in which remedial measures can be locally applied. It is abundantly illustrated; printed very handsomely by the Agathynian press, on tinted paper; has a good index, a tolerably full bibliography of the subject, and some useful original matter. As a convenient manual on the laryngoscope, it is sufficiently complete, and as good as any in the market. The grammar might be improved in places. It is as well for an author to speak in the first person singular all the time, or else in the first person plural, and not at one time refer to himself as "we," and at another as "I."

And why, may we ask, not referring particularly to Dr. Ruppaner's work, except as one of a class, must the traditional large octavo size be used in volumes, which would look quite as well, and be ever so much more convenient in small octavo or duodecimo? That is a query, which, together with the other, propounded by Dr. Holmes, as to what *a priori* connection exists between the taste of medical book buyers and peppered leather bindings, as yet we have not seen satisfactorily answered.

Medical and Surgical Reporter.

PHILADELPHIA, DECEMBER 21, 1867.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

## NOTICE TO SUBSCRIBERS.

From the 1st of January, 1868, we shall strictly enforce again, our old rule requiring payment in advance. For reasons given some years since, pre-payment has not been insisted upon—but the circumstances of the country are now such that we feel warranted in again requiring it.

☞ Those who have not yet paid for the current year, will please remit immediately. There are several thousand dollars due on current subscriptions, which must be paid soon to insure a continuance of the Reporter to the delinquents. The amounts are insignificant to subscribers, but the aggregate is large enough to be embarrassing to us.

## RENEWALS AND INCREASE.

The season of the year has come when most of the subscribers to the Medical and Surgical Reporter renew their subscriptions. In doing so, we would urge upon them the importance of renewed efforts to extend our circulation. They will thus give us the means to further improve the work. Will not each subscriber exert himself to send a *new name?* A very little effort would double the circulation of the Reporter, to the manifest advantage of all concerned. Let us have the effort.

## THE COMPENDIUM.

The announcemenf of the Half Yearly Compendium of Medical Science has been received with much favor, and a large number of names are already booked for it. Its plan is calculated to make it popular and useful, and we have every reason to believe that it will give satisfaction. We intend that it shall be the best work of the kind in the English language. Will the readers of the Reporter aid us in its circulation?

## THE DAILY POCKET RECORD.

A revised edition of this work has been prepared, and is now ready. The List of New Remedies has been extended, and there has been added Doses of Medicine for Hypodermic Medication, Inhalation, and for Suppositories and Pessaries. The Classified List of the Articles of the Materia Medica has been entirely rewritten and the prices revised. Tables for the Examination of the Urine, and of Normal Weights and Measurements of the Human Body have been added. Also blanks for a Cash Record. The book will also be some narrower than the last edition, and there will be an edition for double the number of patients weekly. When desired, we stamp the name on the tuck.

This work has been received with marked favor, and, anticipating a large sale, we have provided a large edition.

☞ Our edition of the Reporter for Dec. 7th has run short. Subscribers who do not care to keep files of their journals, will confer a great favor by sending us that number, which will be credited on their subscriptions.

## THE CHOLERA.

An editorial in the *Providence Journal*, which no doubt had its inspiration from the distinguished sanitarian, Dr. E. M. Snow, warns all concerned to be prepared, by the adoption of proper sanitary precautions, for a visitation of Asiatic cholera in 1868.

After speaking of the clamor in 1865, about a threatened epidemic in 1866, while "those best acquainted with the history and laws of the disease were unable to discover in the autumn of 1865 sufficient reasons for expecting a general epidemic of cholera in 1866," the writer goes on to say:

"There seems to be, at the present moment, far more indications of a general epidemic of cholera in 1868, than there was in the autumn of 1865, of a general epidemic in 1866. Let us notice a few of the indications:

The cholera has broken out in Havana, Cuba, and great excitement was caused thereby. Several hundred deaths have already occurred, and, at the last date, the disease continued and seemed to be on the increase.

The cholera recently appeared on board a vessel at the Philadelphia Navy Yard, and caused thirty or forty deaths in a few days.

The cholera has recently broken out in one of the country parishes of Louisiana, and has caused a large mortality, which still continues.

The weekly mortality reports of New Orleans, for the last three months, have shown more or less deaths from cholera, and the weekly number is now fast increasing. During the week ending November 10th, there were 15 deaths from Asiatic cholera; during the week ending November 17th, there were 56 deaths, or one-fourth of the whole number from all causes; during the week ending November 24th, there were 89 deaths from cholera, or more than one-third of all the deaths.

There have been rumors of cholera in St. Louis the present season. The reports of the Board of Health of that city show no deaths from Asiatic cholera; but they give 173 deaths in August, 403 in September, and 270 in October; a total of 851 deaths in three months, from *cholera morbus.* This is clearly a distinction without a difference.

One or two vessels have arrived at Quebec from Europe, with cases and deaths from cholera on the passage.

Several vessels with cholera have arrived at New York, and the disease has existed for some time at the quarantine of that city.

Sporadic cases of the disease have been seen in nearly all our cities the present season.

Such are a few of the facts which have fallen under our notice within the last few weeks. What do they teach? As we understand them, they teach that the primary or epidemic cause of cholera;—that cause which, having its origin in India, travels westward,—exists and is present at this moment over a wide extent of the surface of the earth. It exists in some portions of Europe; on the Atlantic ocean; and on this conti-

nent, from New England to the Mississippi river, and to the West Indies, as well as in Central and South America. It is ready to produce its specific effects, whenever and wherever it finds the necessary conditions of temperature and impure air.

In this portion of the country, its effects are held in check by the cold, and will be during the winter. But in the West Indies and in New Orleans, the disease will probably increase to a considerable extent; and on the approach of warm weather it will extend and increase in the northern cities. In 1853, the year preceding the last general epidemic of cholera in this country, there were 594 deaths from cholera in New Orleans, of which 332 were in December. In the same year there was a severe epidemic of yellow fever in that city, causing 7,849 deaths.

During the present year, from the first of August to the twenty-fourth of November, there have been 251 deaths from cholera, and 3,042 from yellow fever, in New Orleans."

About the time the above was penned, an additional warning was given us in the arrival at the port of New York of the emigrant ship Lord Brougham, from Hamburgh, with 75 deaths on board from cholera during the passage—an account of which we gave in a recent number.

Our municipal authorities should be urged by the medical profession to put our cities in the best possible sanitary condition, so that if cholera should visit us next year, we shall be in a measure, at least, prepared for it.

## PENSION SURGEONS AND THEIR PROPHECIES.

Doctors may often find beneficial reading where they hardly look for it. The Report of the Third Auditor of the U. S. Treasury might, at first sight, not seem a document which promises a particle of instruction for any medical gentleman whatever, *quoad medicus*. But those medical gentlemen who have nudged their represenative, and executed that mysterious manœuvre called "bringing influence to bear," and have become in consequence thereof, "U. S. Pension Surgeons," here get a rap on the knuckles, which may work a salutary change in the next certificates they furnish to disabled veterans. For the Third Auditor, be it known, settles and adjusts the pension claims, and being a person of a reflecting turn of mind, finds it difficult to understand what sort of disability that would be which disables a man to the extent of say *three dollars a year*, neither more nor less. Nor can he conceal his admiration at the sagacity of those pension surgeons who foretell to a nicety, how long this infinitesimal disability will exist.

But we must let him speak for himself:

"While upon this subject I beg leave to call your attention to the whole subject of pensions and the abuses that have grown up with it.

"One of the earliest efforts of General Washington, after the close of the revolutionary war, was to relieve the country from the onerous burden pressed upon it by the pension system, suggesting, and finally having substituted therefor, five years' full pay as commutation for life pensions.

"If pensions are intended to be, as the name indicates, compensation for food for the pensioners, the amount should approach somewhat to a sum necessary for that purpose. If, on the contrary, it is only intended to be a sop to agents, the law should so declare the fact; but the idea of paying three, four, five, and ten dollars per annum as pension or board under the plea of half, quarter or sixteenth disability, is simply ridiculous; and yet many cases of that kind exist. It is refreshing, moreover, to witness the astuteness with which the degree of disability is sometimes designated, showing the time it has existed, and the time it will continue to exist, when it shall increase or diminish, as the medical prophets determine. There are other and numerous cases where the same person is enjoying a good and profitable position under government, and at the same time drawing a pension; and still others where persons in affluent circumstances are drawing pension or board money from the government.

We hope that the suggestions he makes to Congress on remedying this absurdity, will receive the attention they merit.

## ANNUAL REPORT OF THE SURGEON-GENERAL.

This brief but interesting Report, contains this year matter of interest to all in the profession, whether given to military matters or not. Now that our regular army is composed both of black and white troops, and now that the negro is being studied with much assiduity in his position in the anthropological scale, that portion of the Report which compares the relative sickness and mortality of the two colors will attract attention. It is as follows:

"The average annual strength of white troops as represented by the reports was forty-one thousand one hundred and four (41,104). The number taken on sick report for disease was one hundred and eleven thousand six hundred and sixty (111,660); for wounds and injuries ten thousand five hundred and twenty-two (10,522); total one hundred and twenty-two thousand one hundred and eighty-one (122,181), an average of two thousand nine hundred and seventy-three (2,973) per thousand (1,000) of mean strength, or of nearly three (3) entries on sick report for each man. The constant sickness rate from all causes was fifty-eight (58) per thousand (1,000), or less than six (6) per cent. The mortality during the year was one thousand five hundred and twenty-seven (1,527) deaths from disease, or thirty-seven (37) per thousand (1,000) of mean strength; and one hundred and fifty-five (155) from wounds and

injuries, or three (3) per thousand (1,000). Total mortality forty (40) per thousand (1,000) of mean strength, or four (4) per cent. Deducting seven hundred and twenty three (723) deaths from epidemic cholera, the deaths from all other diseases were twenty (20) per thousand (1,000) of mean strength, or two (2) per cent. The proportion of deaths from all causes to cases treated, was one (1) death to seventy-three (73) cases. The number of white soldiers discharged during the year on surgeon's certificate of disability was five hundred and eighty-nine (589). The average annual strength of colored troops represented on the reports was six thousand five hundred and sixty-one(6,561); number taken on sick report during the year for disease eighteen thousand eight hundred (18,800), for wounds and injuries eight hundred and ninety-four (894), total nineteen thousand six hundred and ninety-four (19,694), or an average of each man taken on sick report three (3) times. The constant sickness rates were, for disease forty-three (43) per thousand (1,000), for wounds and injuries two (2) per thousand (1,000) of mean strength, or less than five (5) per cent. constantly on sick report from all causes. The mortality from all causes was twelve (12) per cent.; deducting five hundred and thirty-six (536) deaths from epidemic cholera, it was thirty-nine (39) per thousand (1,000) of mean strength or 3.9 per cent. The proportion of deaths from all causes, to cases treated was one (1) death to every twenty-five (25) cases. The number of colored soldiers discharged during the year on surgeon's certificate of disability was twenty-nine (29)."

From another portion of the Report we are rejoiced to learn the systematic efforts that are being made to complete the surgical history of the war. Already the histories of 207,941 wounded men have been traced out in the Surgical Records, and entered upon the permanent registers.

"The histories of the graver injuries, and of those cases in which important operations were performed are very fully recorded, including accounts of twenty-seven thousand and ninety-six (27,096) amputations, four thousand four hundred and ninety-eight (4,498) excisions or resections, and nine hundred and eighty-two (982) ligations of the larger arteries.

As it is of importance to the advancement of military surgery to ascertain the ultimate results of the operations or conservative measures employed in the treatment of the wounded of the late war, every effort has been made to trace the histories of the survivors. Through the coöperation of the Surgeons General and Adjutants General of States, many private physicians, the examining surgeons of the Pension Bureau, and from the reports of the examiners for the regiments of Veteran Reserves, the condition, at a period remote from the reception of their injuries, of a very large number of wounded or mutilated men has been determined. From the reports of manufacturers of artificial limbs alone, the results of six thousand three hundred and seventy-five (6,375) amputations have been learned. As an instance of the success attained in this direction, the cause of death or degree of utility of the arm after recovery, has been ascertained in seven hundred and fifty-seven (757) out of seven hundred and ninety-nine (799) cases of excision of the head of the humerus for gunshot injury. Much labor has been expended in this search; but the information obtained will be most valuable as in the official returns of the casualties of the French and English armies in the Crimean War, the cases were dropped when the men were invalided, pensioned or discharged from service."

The Army Medical Museum has been arranged and was opened to the public last April. Since then it has been visited by 4,245 persons, illustrating the eagerness with which professional men will take advantage of its rich collections to add to their practical knowledge.

The Report also informs us that "the necessary revision and correction of the statistical data comprised in the first volume of the Medical and Surgical History of the War, has been nearly completed and put in readiness for the press. Illustrations for the succeeding volumes are in progress of execution, and the work will be pushed forward as rapidly as is consistent with accuracy and its immense importance as a faithful record of the medical and surgical experience of the war."

# Notes and Comments.

### Pulse and Respiration.

Dr. J. B. Sanderson, in the Croonian lecture delivered before the Royal Society this year (1867), showed the incorrectness of the statement usually made, that the frequency of the pulse is lowered and arterial tension diminished during inspiration.

He proves, on the contrary, by experiments made upon dogs, that the immediate effect of inspiration, as well as of expiration, in natural breathing, is to increase both the force and frequency of the heart's action; and even when the trachea was plugged and stopped, the efforts at inspiration caused increase in the force and frequency of the pulse. This effect of inspiration is entirely mechanical, and is due merely to the expansion of the chest aiding the diastole of the heart.

### The Epiglottis and its Function.

Sir Duncan Gibb read a paper before the last meeting of the British Association for the Advancement of Science, "On the Influence of the Pendency of the Epiglottis upon Mankind at large." He had found that about 11 per cent. of Europeans had the epiglottis hanging down over the windpipe, instead of erect, and he believed that such a condition prevented clearness in sing-

ing and speaking, and also produced a sluggishness of disposition, in consequence of retardation of respiration. Of 280 Asiatics, male and female, examined by him, all had a more or less pendent epiglottis. This he regarded as a significant fact, and goes to explain their proverbial indolence, and their incapacity for fine singing.

### Bichloride of Ethylene.

The versatile Dr. B. W. Richardson now recommends the bichloride of ethylene as an anæsthetic, as a substitute for chloroform.

### Electricity in Poisoning by Opium.

The *Annales de l'Electricité* calls attention to the value of this agent in opium-poisoning. It narrates four cases where it was successfully employed when the patient was *in extremis;* and when all the usual means, vomiting, stomach-pump, coffee, tannin, etc., (belladonna not mentioned,) had been tried, and had failed. One pole was placed at the nape of the neck, and the other in the perineum, and in a quarter of an hour, the improvement was such that the patient was out of danger.

### A "Classic" Invitation!

Here is a bit of New York news that has escaped the notice of our vigilant New York correspondent. But then, perhaps he was not honored with an invitation, or, if he was, did not "see it."

The members of the New York Medical Club were recently invited to the residence of Dr. Paine in the following classical style: Doctores! Ducum nex mundi nitu Panes: triticum at ait. Expecto meta fumen tu te & eta beta pi. Super at Tento uno: Dux, hamor, clam pati, sum parates, homine, ices, jam, etc. Sideror Hoc. "Festo resonan Floas sole."

### Wounds Produced by the Chassepot Projectiles.

Dr. Sarazin, of Strasburg, has made some experiments on a corpse at close quarters, with the following results: 1st. The diameter of the orifice made by the bullet entering the body, is not sensibly larger than that of the projectile. 2d. The diameter of the orifice by which the bullet leaves the body, is from seven to thirteen times larger than that of the projectile. 3d. The arteries and veins are cut transversely, retracted and gaping; the muscles torn and reduced to a pulp. 4th. The bones are smashed in a manner out of all proportion with the dimensions of the projectile. To sum up, the wounding effects present a remarkable intensity, and it is well to note that the balls, after passing through the body, pierced two one-inch planks and buried themselves deeply in the wall behind.

# Correspondence.

## FOREIGN.

### Letter from Paris.

Paris, Nov. 24th, 1867.

The *Bulletin de Therapeutique* has contained in its three last numbers an extremely judicious essay on

### Delivery of the After-birth

in cases of miscarriage, of which it is worth while to give you an abstract. Dr. Gueniot, the author, observes that among other differences between a miscarriage and a regular labor, it is noticeable that in the former, the expulsion of the fœtus and detachment of the placenta begin to take place at the same time, instead of constituting two orders of phenomena essentially distinct, as in the latter case. Hence in abortion, hemorrhage is associated with the uterine contractions, throughout their entire duration.

On the other hand, the *complete* separation of the placenta is tardy of accomplishment, since the adherences are relatively more solid during the first months of gestation, and the contracting power of the uterus little developed. Moreover, even when the placenta be entirely detached from the uterus, the length and firmness of the neck of the wound opposes unusual obstacles to the expulsion of the after-birth. In view of all these considerations, it is easy to see that the danger of miscarriage belongs, not to the movement of the expulsion of the fœtus, which is usually unaccompanied by any difficulty, but to the separation and expulsion of the placenta. During this period, the patient is exposed to accidents resulting either from hæmorrhage, or from retention and decomposition of the placental mass. Putrid infection, metritis, anemia, nervous exhaustion, shiverings, fever vomiting, dysuria, and various neuralgias may be expected in this connection. Finally, uterine phlebitis and metastatic abscesses may complicate a miscarriage, as in an unfortunate patient observed by Dr. Gueniot at the maternité.

The therapeutic problem suggested by the consideration of these possibilities, consists in determining the line of conduct required in different cases of miscarriages, to favor the complete repulsion of the placenta and its membranes, and to combat the various accidents which may have been determined by their retention. The necessities of the case vary greatly, according to the period of gestation, at which the miscarriage has taken place. During the first two months, if the

placenta be not expelled together with the embryon, its spontaneous delivery is extremely slow, and the process may be prolonged two days, without entailing any danger upon the patient. Until, therefore, the period has elapsed, the physician is not called upon to interfere, unless in case of accident.

During the third and fourth month, the membranes are ordinarily ruptured at any early stage of the labor, before the placenta be completely detached, or the os sufficiently dilated. On this account, the placenta is expelled after the fœtus; but the limit of safety in the delay must be shortened to twenty-four hours. Finally, in the fifth and sixth months, so much greater facilities exist for the expulsion of the after-birth, that its retention must be considered abnormal if it last more than twelve hours for the fifth, or six for the sixth month.

The precision of these limits is of the utmost importance, as then it affords the physician the first indications for deciding whether to intervene with the resources of art, or permit nature to take its course.

The author then classifies abortion into five types.

1st. The abortion has taken place, the delivery of the placenta has not, or it is incomplete, and no accident has occurred.

2d. Same situation as the above, but complicated by accidents.

3d. Abortion is complete, but the physician is in doubt whether the placenta be expelled or not.

4th. Fœtus and placenta had both been expelled, but accidents have occurred claiming intervention.

5th. Finally, abortion has not yet occurred, but it is recognized to be inevitable.

In the first case, as soon as the time fixed for the normal expulsion of the placenta has been overpassed, the physician has reason to *certainly* anticipate accidents, even if they have not already occurred. Moreover, the divers methods of intervention will become difficult of employment with every moment of delay, consequently, the indications for prompt interference are sufficiently pressing. On the other hand, this interference is always accompanied by certain dangers, and the decision for action or inaction, must in each case be based on a special comparison between present inconveniencies and future perils. It is certain, in all cases, that immunity from accident during several days retention of the placenta can only be observed when it has remained nearly completely adherent; as soon as it begins to separate, it is liable to putrefy.

The danger varies moreover, according to the different periods already described. In the first, the small development of the uterine vessels saves the patient from the chance of dangerous hæmorrhage, and the small size of the placenta renders its putrefaction a matter of less consequence. Hence chills, fevers, a certain pallor of the face, diarrhœa and dryness of the tongue, are generally the greatest accidents to which the patient is exposed. Consequently, in view of the various inconveniences of active intervention, it is better for the physician to restrain his efforts to vigilant surveillance, in all cases of retention of the placenta after abortion, occurring in the two first months of gestation.

During the second period of gestation, the hæmorrhage, though much more abundant, can still be readily mastered, by means of the vaginal tampon. But, after expulsion of the fœtus, the os contracts promptly, and speedily opposes a serious obstacle to the natural or artificial delivery of the placenta. A considerable mass is retained to putrefy, and may occasion a mortal infection. Hence the indication is urgent to deliver the woman artificially, as soon as possible, after twenty-four hours have elapsed without spontaneous delivery.

M. Gueniot then reviews the various agents proposed for affecting this delivery. He rejects traction on the umbilical cord, on account of its fragility. He admits that the index finger may occasionally be employed, but it is necessary the uterine neck be sufficiently open to give free passage to the finger, that the vagina permit the entrance of the hand, to the close vicinity of the os; finally, that it be possible to separate the placenta *en masse*.

The first condition is extremely rare a few hours after abortion, and never exists after several days. The realization of the second occasions great pain, and exposes the patient to contusions and lacerations. Finally, the third, the most important of all, is necessarily problematic. Hence the finger is to be regarded as a precarious resource. Pincers, curettes, hooks, are all more or less dangerous. Intra-uterine injections can only be employed with a return-current, which greatly diminishes their efficacy.

Having thus reviewed these various agents, M. Gueniot excludes them all in favor of three, upon which he places immense reliance, the prepared sponge, the uterine dilator, and the ergot of rye.

The dilator, you know, consists of a small india-rubber bag, introduced into the uterine cavity in a collapsed form, and then filled out

with warm water. This, in virtue of a continued irritation produced on the internal sphincter, provokes uterine contractions nearly inevitably at the end of several hours. The bag constitutes an artificial substitute for the natural membranes that have been prematurely ruptured, and its action imitates nature as closely as possible. Not only provokes uterine contractions, but it mechanically enlarges the os, and, moreover, performs the office of a tampon in moderating the hemorrhage. For this last purpose, however, the caoutchouc bag is no more infallible than the embryonic mass itself. M. Gueniot considers the dilator one of the most precious means for provoking the delivery of the placenta.

Where the prepared sponge is inserted in the uterine neck, it is recommended to accompany it by a vaginal tampon, as better security against hemorrhage.

Finally, ergot may be administered in doses of two grammes, (thirty-two grains,) and on M. Gueniot's testimony, is certain to determine uterine contractions in from twelve to eighteen hours. If the action is not sufficiently marked after the first dose, sixty centigrammes more may be given, which generally determines a prompt separation of the placenta, and its expulsion through the os.

Sometimes, unfortunately, the ergot occasions a tetanic constriction of the neck and complete imprisonment of the placenta. This accident, however, rarely occurs during the first half of gestation. On the other hand, a uterus exhausted by long continued labor, is peculiarly liable to ergotic tetanus. The accident must be combatted by baths, emollients, and narcotics. Since ergot alone does not prevent hemorrhage, a tampon must always be at hand, to provide against this latter exigency.

M. Gueniot ranks the foregoing agents in the order in which I have specified them, and considers the use of the finger, or of intra-uterine injections as ultimate resources, to be appealed to only when all others fail.

In abortions of the fifth and sixth month, the accidents provoked by the retention of the placenta are nearly as formidable as at term. In this case, the dilatability of the vagina and of the os enables the placenta to be directly extracted by the hand, and this proceeding is indicated as soon as the delay of twelve or six hours has been overpassed.

In the second class referred to above, where accidents exist, these demand attention before everything else. Whether the normal delay be accomplished or not, it is incumbent on the physician to intervene in the artificial extraction of the placenta as soon as abundant hemorrhage or signs of purulent injection are manifested.

If the placenta be only partly engorged in the os, and its principal portion be retained above the internal sphincter, it is better to have recourse to ergot than to traction, which may tear the mass. In case of hemorrhage, ergot should be employed conjointly with the tampon. In case of purulent infection, ergot and intra-uterine injections, with internal tonics.

Ergot should not be employed if the purulent infection dates from several days, as, in that case, the uterus may be considered to be stupefied and paralyzed.

In the third case, the doubt concerning the expulsion of the placenta will be removed if accidents occur, or if, after prolonged waiting and repeated examinations, there is no accident.

In the fourth case, since by the supposition the accidents are supposed to exist *after* the expulsion of the placenta, this treatment becomes a problem of general therapeutics.

In the fifth case, as soon as the miscarriage is recognized to be inevitable, the physician should endeavor to favor its accomplishment.

### Sponge-Pessaries.

The distinguished physician, Guendan de Mussy, also contributes a note to the *Bulletin*, on the use of sponge-pessaries, of which he highly approves. He remarks that a reaction has taken place against the exaggerated ideas of physicians some years ago, who regarded all deviations and flexions of the uterus as pathological conditions requiring active medical intervention. But the reaction has carried opinion as much too far the other way, and it is too often ignored, these anomalous positions may seriously derange the circulation, or, in predisposed patients, determine all sorts of sympathetic nervous affections. The pessary comforts the patient, and if it does not cure the disease, at least puts the organ into favorable conditions. Where the uterus is conical, the sponge should be depressed in the middle, like a mushroom, to receive the neck. In cases of retroflexion, the sponge should be spread out in a fan-shaped form, having a central prominence to support the *museau de tanche*, while the limb of the fan sustains the *cul-de-sac*.

It is recommended to coat the lower third of the sponge with yellow wax, to render it impermeable to the urine. The wax should be melted, the sponge immersed in it, and allowed to cool, and again immersed, and so on until a thick coat be formed.

### Treatment of Dysentery.

Dr. Beaufort has presented several considerations on the treatment of dysentery, which disease he considers to be essentially allied, as to its cause, with intermittent fever. Both depend on the combination of heat and damp in the weather. If dampness is occasional, and heat intense and constant, intermittent fever is produced; if the dampness is constant, and the heat liable to brusque variations, dysentery occurs. The common cause is the effluvia from decomposing vegetable matter. One of the first phenomena is congestion of the system of the portal vein, and relief of this congestion constitutes the ultimate therapeutic indication. In the treatment of dysentery, it is necessary, first, to empty the large intestine of altered and irritating mucus, by means of evacuants and absorbing alkalines, (chalk and subnitrate of bismuth;) second, coagulate sanguinolent and albuminoid matters on the surface of the intestine, by means of injections of neutral perchloride of iron, ten to twelve drops in half a lavement of warm water, repeated two or three times in the twenty-four hours. By this means the mucous membrane becomes protected and enabled to heal. Third, diminish congestions of the portal system, sometimes by leeches at the anus, but principally by the use of ipecacuanha, which acts as a stimulant to the vaso-motor system.

### Gangrene of the Mouth.

Dr. Leavit reports a case of gangrene of the mouth occurring in a child of three years old, already affected with tuberculous enteritis, and which he succeeded in curing by the application of creasote in which camphor had been dissolved. The disease commenced with two ulcerations, round, hollow, white, which were situated in the gingivo-labial fold. Their contents were characteristic, grumulous, dry, and white. In twenty-four hours the ulcerations had greatly extended, were black at the periphery, grumulous at the centre, the mucous fold toward the nose was profoundly excavated, the gum superficially destroyed in an extent of fifteen millimetres, and a fistulous point existed under the lip. An odor of gangrene was exhaled. On this day, for the first time, three cauterizations were made with the camphorated creosote. The next day notable amelioration, inflammatory reaction. In the evening, cauterization with camphorated creosote diluted with alcohol. Two more powerful cauterizations and several with the diluted fluid were made subsequently, and ten days after the first, the cure was complete.

### Croup Cured by Tracheotomy.

At the Societé des Hospitaux on the séance of the 8th, M. Roger mentioned a case of croup cured by tracheotomy. Several days elapsed before the canula could be withdrawn, for the child immediately exhibited symptoms of suffocation as soon as the attempt was made. Recourse was at last had to Faradisation of the larynx, and from the day of the first application of electricity, the little patient was able to breathe without the canula during the day, if only it was replaced at night. The tube was not definitely withdrawn till a month after the operation.

At Hotel Dieu, M. Moissenet has had a case of membranous angina confined to the right tonsil. This organ was covered with a thick layer of membrane, having a fetid odor. The disease was overcome by applications of tincture of iodine.

M. Moissenet considers diphtheria less dangerous when it attacks the tonsil, than when it invades the soft palate.

Also at Hotel Dieu, M. Isambert, in speaking of a slight epidemic of small-pox that had occurred in his wards, took occasion to praise highly the use of repeated warm baths, which he did not fear to commence even during the period of the eruption. The warm bath, (given of course in the ward,) has the advantage of diminishing the burning heat of the skin, suppressing the inflammatory aureola which surrounds the base of the papulæ, without hindering their suppuration. The cicatrization seems to be less deep and indelible. Emunction with mercurial ointment, was also found to be very useful in preventing cicatrices on the face, without occasioning the painful constriction determined by collodion.

At the Hospice des Incurables, recently died a patient affected with leurocythemia. At the autopsy, the spleen presented the following diameters. Vertical 32 centimetres, transversal 22, antero-posterior 19. It weighed two kilogrammes, its tissue was softened, and contained an infarctus. The liver also was hypertrophied. The kidneys the seat of fatty degeneration, although no albumine had been discovered in the urine. The heart was fatty, and the large vessels filled with clots. Some granulations existed on the mucous surface of the large intestine, and two infarctus in the duodenum.

M. Dumontpallier communicated a case of severe hiccup, which was finally cured by electricity. One pole of the battery was placed on the cervical vertebræ near the origin of the phrenic nerve, the other on the border of the cartilage of

the last ribs towards its sternal extremity. Hardly had the current traversed the chest, when the patient uttered a loud cry, the hiccup became transformed into a sob, and ceased abruptly. It reappeared two hours afterwards, and yielded again to electricity, complete interval of nine days, then the hiccup reappeared during several hours, but this time was definitely cured by electrization.

## DOMESTIC.

### Mental and Muscular Powers Impaired.

Editors of Medical and Surgical Reporter:

*Case.* Mrs. G., age about 30 years. Two years ago, when at four weeks of full term of utero gestation, she suddenly lost the power to articulate, or even remember words—as in attempting to write her wishes, she would omit many letters, and substitute others entirely foreign to the word. Muscular motion was impaired, but not lost; some difficulty in deglutition; pulse feeble, but not otherwise abnormal; digestion, nutritition, assimilation and excretion, not much impaired. Confinement at term with a healthy female child, which has been brought up on the bottle, and differs now in no respect from any robust child of her age. The mother commenced improving, gradually recovering her power of articulation, and in three months could converse with some degree of intelligence on ordinary topics. But her articulation is not yet perfect, and she can not now write an entire word correctly. Menstruation now regular as to time and quantity, but after each recurrence, complains of much soreness in the hypogastric region, and a dragging sensation, as if the bowels were by some insupportable weight oppressed at these times, with an almost constant desire to defecate or micturate. Vaginal examination reveals no obvious uterine displacement or engorgement, no leucorrhœa. Her face has a haggard anxious expression, mind a prey to constant gloom. When she walks, stoops, or bends forward, complains of pain in the lumbar region. No functional disturbance of the kidneys or liver.

*Treatment previous to Confinement.* Unloaded the bowels, otherwise mainly expectant. Subsequent treatment; mercurials sparingly, iodide of potass., quinine, iron, all nourishing diet, exercise, counter irritants to the spine. Strychnia internally, and valerian. She continued to improve slowly for about a year, since which time we can see no alteration. Abdominal integuments are in a flabby relaxed state, so that when the hand is placed under them, and upward or supporting pressure made, it affords her much relief. She was mother of one living child, and had had two miscarriages in succession, previous to this last confinement, but from those had seemed to suffer no untoward results.

If you think our case of any interest, publish it. We propose to try Dr. Banning's abdominal and spinal-shoulder brace, in the hope of making her more comfortable.

Newcomb & Law, M.D.

*Blissfield, Mich., Dec. 11th*, 1867.

### On the Bandage in Labor.

Editors Medical and Surgical Reporter:

I read in your issue of the 30th ult., a notice of the proceedings of the Montgomery County Medical Society, in regard to abandoning the use of the bandage to puerperal women, and as you referred to it in a somewhat complimentary manner, I was struck with the contrast between that remark and those contained in an editorial article in the same number, viz.

"The physician's aim is or ought to be, to lessen as much as possible the need for his services."

This object he cannot expect to accomplish if he omits the use of the bandage.

The array of names in favor of the abandonment of the bandage is so small, that it would not be necessary to reply to it, were it not to caution the younger members of the profession against being "bullied" into the adoption of new and untried theories, through the fear of being called ignorant or cowardly.

Some medical gentlemen have been kind enough to call the writer an "old fashioned Doctor," because after having tried the experiment and not being pleased with it, and not being able to find a parturient woman who would voluntarily relinquish the bandage, he publicly and privately gave his opinion against it.

It is certainly very surprising to see a gentleman occupying a leading position in the Montgomery County Medical Society, a gentleman, too, of acknowledged suavity of manner and urbanity of deportment, so far forget himself, as to make the following assertion.

"I think it belittles the physician who directs or practices it, indicating either ignorance of mechanical or physiological laws, or moral cowardice in view of the innovation."

This, of course, presupposes the idea, that the great majority of obstetricians throughout the country and in our large cities, and the Professors of our medical institutions, are either ignorant pretenders or cowardly knaves. Sound ar-

gument in support of a good principle is not strengthened by vulgar vituperation.

A word or two in regard to the bandage. In the first place, women desire it, because they feel more comfortable with it. In the second place, intelligent physicians desire it, because they know their patients are safer with it.

Why is it that surgeons bandage their patients after tapping for abdominal dropsy, or bandage a strained muscle or sprained joint? for the same reason that we bandage the relaxed and strained abdominal muscles of paturient women—simply to support and sustain the parts, until nature has time to produce a contraction of the over-distended tissues.

Almost every obstetrician of experience will tell you he has frequently averted syncope in the recently delivered woman by "tightening" the bandage.

One reason why the medical standard does not attain a higher position, is because there are so many practitioners who are willing to adopt "innovations" on account of their novelty.

*December*, 1867. PRUDENCE.

# News and Miscellany.

### Infantile Convulsions.

Dr. HAMMOND, in a Lecture delivered at Bellevue Hospital Medical College on this subject, (reported in the *Med. Gazette*,) makes the following instructive remarks:

Setting aside for the present those cases of convulsions which result from organic affections of the brain, such as tubercular meningitis, tumors, or other severe diseases, and in which they are due not so much to irritation as to structural changes, we find that the most common causes of infantile convulsions are mental excitement or depression, physical shocks to the brain and nervous system, extreme cold and heat, and local and general irritations of various kinds.

The first of these, mental excitement or depression is quite a common cause in children who have passed their second or third year, and who have consequently become more capable of intense and varied emotions. I have several times seen very severe convulsions induced by fits of anger, and again apparently be due to the sorrow experienced from parental rebuke. Doubtless such emotional disturbance acts upon the cerebro-spinal system through the medium of the sympathetic nerve, and in some way or other deranges its normal action. The convulsions which result from mental agitation, though they may be severe, are scarcely ever repeated, the irritation generally working itself off in a single paroxysm.

Physical shock to the cerebro-spinal system is likewise a frequent cause of convulsions, especially in very young children. A child in running across the room falls and strikes its head against the floor. After the immediate pain has passed away, a state of relaxation and apparent fatigue ensues. There may be a little headache, the sleep is disturbed, the thumbs are firmly adducted; there are slight convulsive movements of single muscles or groups of muscles, and the child is irritable and fretful; suddenly the convulsive paroxysm occurs, and is usually repeated several times. In fact, no cause is so productive of a series of convulsive attacks as the one under notice, and they are usually longer in duration than those arising from other causes. Another feature is, that the movements are much more commonly unilateral. Only yesterday I saw in consultation, a little girl who had fallen down a grating in the pavement, and who had, in consequence, been attacked with convulsions. Fully an hour elapsed before they supervened, and then they were confined to the right side of the body. They were repeated many times, as the state of stupor lasted continuously for several hours. No signs of injury could be detected upon the head, and in fact it was very certain that the child had fallen upon its feet and buttocks. The shock to the brain was therefore transmitted through the vertebral column. By the following morning all evidences of disease had disappeared.

Persons cannot be too careful to avoid striking children on the head. I have twice known convulsions produced by not very severe blows on this part of the body, and in one of those they recurred, at intervals, till the child reached the age of puberty.

Extreme cold probably acts by causing hyperæmia of the cerebral blood-vessels. An increased amount of blood in the brain always—unless the quantity be so greatly augmented as to produce stupor through increase of pressure—adds to the natural irritability or erethism of the cerebral and other cranial ganglia.

Intense heat acts differently when the irritation is external and general; acting upon the cutaneous nerves, and being reflected thence to the central system. The same is true, in a somewhat modified sense, of the convulsions which occur at the outset of fevers and the exanthematous diseases.

Local irritations, however, much more frequently give rise to convulsions than any other cause. Chief among them are those due to dentition, indigestion, and the presence of worms in the intestinal canal. Not unfrequently severe convulsive seizures result from the cutaneous irritation produced by blisters or burns. An instance, several years since, came under my care, in which the presence of a small piece of glass under the skin was the exciting cause of the affection; and I have knowledge of a case in which it was induced by a pin, which had been so placed in the diaper as to prick the skin.

Another case, which likewise belongs to the class of irritations, but which is not altogether, if at all, one of indigestion, is due to that modification which the mother's or nurse's milk may undergo as a consequence of emotional disturbance. Several cases of the kind have fallen

under my observation, and a great many are on record. * * * * *

The prognosis in infantile convulsions must be guarded, but, generally speaking, the simple, uncomplicated irritative convulsions are not dangerous. There is more to be feared from the tonic stage of the fit, than from the clonic, or the stupor that supervenes. The reason for this is very obvious. During its continuance, the respiratory process is arrested, and if it lasts as long as a minute and a half, as it occasionally does, death necessarily follows from asphyxia or syncope. What are called inward convulsions, and which consist almost entirely of tonic spasms of the diaphragm and other respiratory muscles, are much more liable to terminate unfavorably than those which are more prominently marked, and which are succeeded by clonic convulsions.

Relative to the treatment of infantile convulsions, I have a few points to mention, which, I think, are of importance. During the paroxysm, in ordinary cases, there is not much to do; generally, a great deal is done, and with more or less injury to the patient. The application of mustard plasters, or hot water, and such like revulsives to the extremities and pit of the stomach, can do no good; on the contrary, they do much harm by increasing irritation. Purgatives, emetics, etc., at this stage of the disease, are also inadmissible, and I have never seen any benefit derived from either warm or cold baths. The tendency of the convulsion is to exhaust itself, and this it usually does in a short time. Therefore, give nature a chance, and let the patient alone. Do not, during the seizure, be officiously treating the cause. When the equilibrium is restored is the time to remove this by an emetic, a cathartic, a vermifuge, an incision, or any other medicine or operation which will strike at the source of irritation. Should, however, the paroxysm continue longer than the ordinary period, or should the tonic stage be severe and prolonged, or shou'd the fits recur frequently, and should the symptoms indicate hyperæmia of the brain, press your fingers gently on the carotid arteries, as advised by Rilliet and Barthez, so as to obstruct the flow of blood to the cranium. This measure will generally be successful in breaking up the fit, and you can resort to it as often as may be necessary. You will thus have opportunity to employ more permanent means, and to remove the cause of irritation. You may also, very safely and certainly cut short or prevent a paroxysm by the use of chloroform inhalations, as recommended by Trousseau. Take a linen handkerchief, pour a drachm of chloroform upon it, and hold it close to the mouth of the patient, in such a manner as not to obstruct the free entrance of atmospheric air to the lungs. Do this for a few seconds, and then remove it. Again apply the handkerchief, and continue this see-saw motion till an impression is produced, or till you have reason to believe that the remedy will not succeed. I have treated a number of cases by this means, and always with success in uncomplicated attacks.

In the "inward fits," or in cases where the paroxysms recur rapidly and frequently, you will derive much benefit from the bromide of potassium, given in from three to five grain doses' repeated every hour or two. This medicine diminishes the amount of blood in the cerebral vessels, and is therefore, not applicable to anæmic cases. It is also a very decided sedative to the nervous system. For these latter, stimulants, tonics, and a position of the body favoring the flow of blood to the brain, should be employed. In one very severe case, where there was very decided anæmia, I made use of hypodermic injections of morphia. The child was six years old, and I injected the twentieth of a grain or morphia, at intervals of two hours, with very excellent results. The practice is one which should be followed cautiously, and not at all in very young children, or in slight cases.

The subsequent treatment is exceedingly simple. If you can discover the cause of irritation, remove it. Often you are justified in experimental attempts to find it by using emetics, vermifuges, purgatives, or other means which your observation and suspicions may justify you in employing. Hygienic measures should not be neglected. Fresh air, good diet, regular exercise, and the avoidance of undue mental or physical excitement, will materially aid in preventing returns of the attacks. You cannot be too assiduous in using these measures, and no drugs with which I am acquainted can take their place.

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### Brodie's Operation of Tracheotomy on Brunel, the Architect.

An exchange, speaking of several narrow escapes from death on the part of Brunel the architect, says:

"But the most extraordinary accident which befell him was that which occurred while one day playing with his children. Like his father, Sir Marc, he was fond of astonishing them with sleight-of-hand tricks, in which he displayed considerable dexterity; and the feat which he proposed to them on this occasion was the passing of a half-sovereign through his mouth out at his ear. Unfortunately, he swallowed the coin, which dropped into his windpipe. The accident occurred on the 3d of April, 1843, and it was followed by frequent fits of coughing, and occasional uneasiness in the right side of the chest; but so slight was the disturbance of breathing that it was for some time doubted whether the coin had really fallen into the windpipe. After the lapse of fifteen days, Sir B. Brodie met Mr. Key in consultation, and they concurred in the opinion that most probably the half-sovereign was lodged at the bottom of the right bronchus. The day after, Mr. Brunel placed himself in a prone position on his face upon some chairs, and bending his head and neck downwards, he distinctly felt the coin drop towards the glottis. A violent cough ensued, and on resuming the erect posture he felt as if the object again moved downward into the chest. Here was an engineering difficulty, the like of which Mr. Brunel had never before encountered. The mischief was purely mechanical; a foreign body had gone into his breathing apparatus, and must be removed, if at all, by some mechanical expedient. Mr. Brunel was, however, equal to the occasion.

He had an apparatus constructed, consisting of a platform which moved upon a hinge in the centre. Upon this he had himself strapped, and his body was then inverted, in order that the coin might drop downward by its own weight, and so be expelled. At the first experiment the coin again slipped towards the glottis, but it caused such an alarming fit of convulsive coughing and appearance of choking that danger was apprehended, and the experiment was discontinued. Two days after, on the 25th, the operation of tracheotomy was performed by Sir Benjamin Brodie, assisted by Mr. Key, with the intention of extracting the coin by forceps, if possible. Two attempts to do so were made without success. The introduction of the forceps into the windpipe, on the second occasion, was attended with so excessive a degree of irritation that it was felt the experiment could not be continued without imminent danger to life. The incision in the windpipe was, however, kept open by means of a quill or tube, until May 13, by which time Mr. Brunel's strength had sufficiently recovered to enable the original experiment to be repeated. He was again strapped to his apparatus; his body was inverted; his back was struck gently, and he distinctly felt the coin quit its place on the right side of his chest. The opening in the windpipe allowed him to breathe while the throat was stopped by the coin, and it thus had the effect to prevent the spasmodic action of the glottis. After a few coughs the coin dropped into his mouth. Mr. Brunel used afterwards to say that the moment when he heard the gold piece strike against his upper front teeth, was perhaps the most exquisite in his whole life. The half-sovereign had been in his windpipe for not less than six weeks!

### The Late Dr. Rayer of Paris.

The correspondent of the *Publisher's Circular* makes the following interesting remarks on this distinguished Parisian physician, recently deceased:

We lost, last month, Dr. Rayer, one of our most eminent physicians. Although he was the author of many papers lost in those oceans of letterpress, the proceedings of learned societies, he wrote only two books, one on skin diseases, the other on diseases of the kidney. He owed his great professional success to his social relations. Do not understand me as suggesting that his talents were of an inferior order, and his social tact great. I believe Dr. Rayer was a man of very great talents; he was a physician of great accomplishments; but his social relations gave him a degree of power which no medical man of his day possessed. His patients were the most eminent people of all the classes of aristocratic society, and his will gave the ribbon of the Legion of Honor, places in churches, and in convents with an easy authority which made him the leader of a large party in the medical world, and of course raised enemies to him. There is no royal road to knowledge, but there is a golden road, and down its smooth, pleasant, rapid track, Dr. Rayer went. Those blessed wrestlings with poverty which Velpeau and Trousseau found inevitable, he was spared. He never knew how disheartening it is to wait for a book or for a professor which the empty purse is unable to supply, for he was born the heir of an independent estate. Strange to say, he proved more considerate and beneficent to the poorer members of his profession than Velpeau or Trousseau, who had known the sharpness of poverty. Wealthy men are not insensible, but they are unconscious. They are not callous, but they are ignorant of the pangs of the struggle poverty must engage in with life. Food seems to them to come as easily as respirable air, and they as soon think of inquiring how one fares for food as how one is off for atmospheric air. Dr. Rayer was always on the lookout to aid the struggling, deserving medical man. Cavillers say he did this to build a party around him. I do not pretend to read men's hearts, nor am I prone to ascribe grovelling motives to noble deeds. Whatever Dr. Rayer's motives were, his actions were lofty, and they gave (not to multiply instances) Messrs. E. Littré, Claude Bernard, and Robin, the opportunity to develope their talents to the world. Dr. Rayer likewise rendered essential service to his profession by the establishment of the Biological Society. In truth, he was ever most active where there was a good work to be done, an improvement to be made, or an experiment to be tried. He attained more honors and left a larger estate than any other medical man of his day.

### Tetrachloride of Carbon.

Prof. Andrew of Chicago, has been trying this new anesthetic in a surgical case. He narrates the result in the *Medical Examiner* as follows:

Nothing remarkable occurred at first, but after the lapse of a few minutes, the assistant, whose duty it was to watch the pulse, observed that it increased suddenly in frequency, so that in a short time he was unable to count it. At the same time, the patient, who was not yet unconscious, complained of a violent pain, as of cramp, in the vicinity of the heart, and after a moment more, the pulse and respiration both suddenly ceased. The patient's head was spasmodically drawn backward, the countenance looked pale and deathly, and the pupils of the eyes dilated until the iris could scarcely be seen. Artificial respiration was at once commenced, and strong aqua ammoniæ was rubbed in the nostrils, under which treatment, the patient revived again, although to all appearance almost dead. The anæsthesia was then completed by concentrated sulphuric ether, without further accident, and the carious bone excised in the usual manner. I do not think that there remained any prolonged unfavorable effect after the use of the tetrachloride, but the sudden advent of such urgent and dangerous symptoms made a strongly unfavorable impression on my mind, for the patient was much nearer death than I ever saw one go under ether. I certainly shall not venture on the use of the article again, unless very extensive experience by others demonstrates its safety.

It is proper to state that the patient was in a very exhausted and anæmic condition from the effects of disease, and was operated on as a last,

desperate resort, having no other hope of life. He rallied from the operation pretty well, without showing any signs of injury from the tetrachloride, but died, subsequently, from exhaustion.

### American Medical Association—Prize Essays for 1868.

The American Medical Association offers two prizes of *One Hundred Dollars* each, for the best two original essays upon subjects of professional interest; the Committee reserving the right to reject all unless deemed fully worthy.

Competitors for these prizes must forward their essays to Dr. Charles Woodward, Cincinnati, Ohio, free of expense, on or before the 1st of April, 1868.

Each essay must be accompanied by a sealed note containing the author's name and address, and on this sealed packet must be inscribed some sentiment, motto or device, corresponding to a like sentiment, motto or device on the essay.

Charles Woodward, Chairman,
W. W. Dawson,
E. B. Stevens,
Roberts Bartholow,
P. S. Connor,
} *Committee.*

Medical journals throughout the country are requested to copy.

—— Dr. Van der Weyde, formerly Professor of Chemistry in the New York Medical College, and more recently in the Girard College of this city, and who has for more than thirty years been engaged in teaching chemistry, has removed from this city to New York, and is now connected with the New York Dental College.

—— The Female Doctor Question Abroad. Mme. Sourkof has just received the degree of Doctor of Medicine from the University of Zurich. She is Russian by birth, and studied at St. Petersburg with great credit until the Russian government forbade the conferring of degrees in medicine upon women.

—— "The London Medical Times and Gazette," is published every Saturday in London, as its name informs us. Kelly & Piet, Baltimore, have completed arrangements with the publishers of this popular weekly to furnish it to subscribers in this country at a much less rate than has been charged for it since the war. It is an excellent periodical and will be found of value to the profession.

—— M. Bourguet in a paper on the Bubon d'Emblée (primary or "non-consecutive bubo") as a primary accident of syphilis (L'Union Médicale) claims that this is not, as generally believed, simply a result of excessive irritation, but should in many cases be esteemed as a proper venereal lesion; that it is transmissible in kind and is followed by constitutional syphilis. He desires that statistics of accurately observed cases should be collected as to the frequency of the bubon d'emblée and of the percentage of cases where secondary symptoms follow this or any other lesions other than the indurated chancre.

*[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]*

### MARRIED.

Crooks—Huhn.—May 6, by the Rev. Dr. R. R. Beadle, William C. Crooks, M. D., and Miss Louise Huhn, daughter of John F. Huhn, Esq., all of Philadelphia.

David—Bishop.—Nov. 20th, by Rev. M. E Shirley, Mr. Emil David, of Russia, and Miss Sarah J. Bishop, eldest daughter of Dr. Bishop, of Freedom, Venango co., Pa.

Lewis—Elliott.—By Rev. W. T. Wylie, Nov. 28th, at the residence of Mr. James Stevenson, New Castle, Pa., Dr. Andrew Lewis and Miss Mary J. Elliott, formerly of Blairsville.

Lowell—Tarbell.—Nov. 26th, J. Warren Lowell, M. D., of Cape Elizabeth, Me., and Miss Anna F. Tarbell, of Vassalboro', Me.

Wilson—McIlvaine.—Dec. 11, by the Rev. William M. Warner, Dr. James H. Wilson, of Philadelphia, and Miss Emma McIlvaine, of Magnolia, Del.

### DIED.

Crowell.—Dec. 2d, at Augusta, Ga., Dr. N Savage Crowell, of Bluffton, S. C., formerly of the U. S. Army.

Mealey.—On the 23d of October, at her home in Washington co., Iowa, Mrs. Margaret, wife of Dr. Samuel Mealey, in the 79th year of her age

Powers.—In Morrisville, Vt., Dec. 4th, Dr. Horace Powers, a worthy citizen and respected practitioner.

### METEOROLOGY.

| December, | 2, | 3, | 4, | 5, | 6, | 7, | 8. |
|---|---|---|---|---|---|---|---|
| Wind | S. | N. W. | N. W. | N. E. | S. W. | N. W. | N. W. |
| Weather | Cl'dy. Snow. | Clear. | Cl'dy. | Cl'dy. | Cl'dy. Rain | Clear. | Clear. High Wind |
| Depth Rain | | | | | 2-10 | | |
| *Thermometer.* | | | | | | | |
| Minimum | 20° | 22° | 28° | 18° | 18° | 23° | 15° |
| At 8, A. M. | 28 | 36 | 36 | 24 | 28 | 39 | 23 |
| At 12, M. | 34 | 34 | 35 | 33 | 40 | 39 | 28 |
| At 3, P. M. | 33 | 34 | 34 | 34 | 39 | 39 | 28 |
| Mean | 28.75 | 31.50 | 33.25 | 27.25 | 31.25 | 35. | 23.50 |
| *Barometer.* | | | | | | | |
| At 12, M. | 30.2 | 30.2 | 29.9 | 30. | 30. | 30. | 30.3 |

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## Original Department.

## Communications.

### INFANTILE CONVULSIONS.

By John Dickson, M. D.,

Read before the Baltimore Medical Association.
Reported by J. W. P. Bates, M. D.

Of all the maladies of infancy, I know of none more serious, or embarrassing to treat, than convulsions. We are summoned in great haste, and arrive out of breath, and find a painful scene of dismay and confusion which requires our utmost tact and composure to lull. We never get *used* to spasms in the sense in which we may become stoically or philosophically calm. The malady is too grave and sudden in its effects, and our responsibility too serious for that. We all know that two or three minutes of tonic spasm, or a few hours of clonic, may destroy life, and how much depends upon the prompt and judicious action of the physician, both for the child's safety and his own reputation! Unless the case occurs in our own family, or has been attended with premonitory symptoms, we rarely see a spasm in the tonic stage. The violent and sustained contraction of the respiratory muscle stops the breathing, and death results in a few minutes from asphyxia, as in the first stage of epileptic fits, or in fatal cases of laryngismus stridulus. This, fortunately, is a rare occurrence. We generally find the state, which soon succeeds, of alternate retraction and relaxation, either general or partial; and sometimes confined to very few muscles, as those of the face or hand. In severe cases there is violent jerking of the limbs, abduction of the thumbs covered by the contracted fingers, staring or rolling, insensible eyes, with pupils either contracted or dilated, or there is strabismus in the course of the spasm; the head is drawn backward or forward from the beginning, or it is twisted in rotatory movements; the respiration is quick and irregular, producing a sound of choking as distressing to hear as the contracted, livid face is to witness. When clonic spasm continues some hours, and the rapid contraction and relaxation prevent the free egress of the carbonized air from within the lungs, or the admission of enough pure air to renew the blood, both circulation and respiration are arrested, and death must follow.

Even when this is not the immediate result of the spasm, in many instances it occurs within a short time after it subsides, because these vital functions have been so seriously impaired as to preclude respiration, and the patient sinks from the shock—as we have heard mothers expressly say "they were struck with death from the beginning of the attack."

But, happily, this is not the most common course of convulsions. There is oftener a gradual subsidence of the fit. The spasmodic movements become slower and cease, the respiration is free, and a general calm succeeds. The patient either wakes to consciousness, or falls into a comatose, or, it may be, natural sleep, after which there may or may not be a recurrence of the spasms. Such recurrences are very common in spite of our best efforts to prevent them, but it is gratifying to know that the danger is not proportionally increased by their frequency. I have seen children have six or seven in the course of the day, and on the following day present no unfavorable symptom or spasm ever afterwards.

Partial spasms present such a variety of forms that I shall not attempt to speak of more than one or two. They may be confined to the superficial muscles only, and to a few of these, and in such cases, the senses remain intact. I have seen the eye, mouth and hand of one side jerking, while the sensibility of the child was perfect; and it would ask for milk and drink it, attempting to hold the cup with the convulsed hand and steadying it with the other. Such are the sequelæ of the more severe attacks, and are easily excited in children so predisposed. Sometimes the muscles of the neck are alone affected, and cause rotation or flexion of the head forward or backward. Indeed, single muscles, as well as sets of muscles, in almost every part of the body, may be convulsed, or exhibit movements under peculiar excitement, nervous or fibrile, which closely resemble spasm, and are at times mistaken for such. Certain organs alone may be affected, as the

larynx or glottis, and we have a very formidable trouble in laryngismus stridulus. A child may be seized without any premonitory symptoms of dangerous import, with apparent suffocation. His breathing is suspended, his head thrown back, face and lips livid and, in a few seconds, the spasm yielding, respiration follows, and a sudden gasp for breath, so urgent as to produce a crowing sound; and the breathing goes on naturally. But there are cases so violent from the repetition of these spasms, as to destroy life during the paroxysm, or lead to general convulsions and coma. Marshall Hall calls this affection "an excitation of the true spinal or excito-motory system. It originates in the trifacial in teething; in the pneumogastric in over or improperly fed infants; in the spinal nerves in constipation, intestinal disorder or catharsis. These act through the medium of the spinal marrow, and the inferior or recurrent laryngeal, the constrictor of the larynx, and the intercostals and diaphragmatic, the motors of respiration." We can judge from this that a great variety of causes, as in general convulsions, may produce this form of spasm. Dr. West mentions a case in a child only ten weeks old, from improper feeding; another, of nineteen months, from sudden suppression of chronic diarrhœa; another, of two and a half years, from cerebral congestion following constipation; another, of nine months, during the course of chronic hydrocephalus; and in another, who died at the age of two months, it appeared as a transitory symptom during a series of convulsive attacks, for which no cause could be assigned during life, and which left no traces that could be detected after death.

The obscurity of origin and absence of pathological indications often throw a veil of mystery over cases of convulsion, which the clearest sighted of us cannot penetrate. We know that hereditary influence is the most frequent predisposing cause, that eclampsia in the mother before parturition, or much further back when she was herself a child, is apt to be followed by the same tendency in the offspring; though it by no means follows so often as to establish it as a rule.

A remarkable illustration of hereditary influence is quoted by Trousseau from a thesis of Dr. Duclos of Tours. The case is that of a woman, thirty-four years of age, who had had frequent attacks of eclampsia up to the age of seven. These had left behind slight deviation of the mouth and ptosis of the left upper eyelid. This woman had ten children, who all had convulsions; six had died, five in the first two years, and one when three years old. Three months previously, she had a first attack, which lasted about ten minutes, and which her mother ascribed to her having given the breast to the child immediately after a fit of passion, as the convulsion occurred on the ensuing day. Death took place three months afterward, from cerebro-meningitis.

Loss of blood, whether in direct hemorrhage, venesection, diarrhœa, or hypercatharsis, strongly predisposes to convulsions. Insufficient nourishment and exhaustion, from whatever cause, have the same effect. Hippocrates' observation that the "blood is the moderator of the nerves," corresponds with the present physiological law, "that in proportion as the nutritive and vegetative functions are feeble and languishing, nervous phenomena are mobile, exalted and irregular." The sensitive brain, with its spirit-like nerves pervading every part of the organism, must be supported by the vascular system, as the string and wind instruments of an orchestra combine; the measured wave sounds of the latter, giving volume and tone to the tender strains of the former, without which it would be only a flutter of distracting discord. The iron of the blood is as much a fundamental base in toning the system, as the brass instruments are in sustained musical harmony. It may be upon this theory that Chapman uses ice bags along the spine in so many affections where nervous symptoms predominate. "He considers that ice applied along the spine increases the general circulation, stops the cramp of voluntary and involuntary muscles, proves an effective remedy in epilepsy and other convulsive affections, cures sea-sickness, restrains the sickness of pregnancy, arrests diarrhœa, recovers patients from the cold stage of cholera, and, finally, promotes menstruation. On the other hand, heat along the spine lessens the general circulation, overcomes congestion in all parts of the body, lessens fever, restrains hemorrhage and lessens or arrests the menstrual flow." If by exciting or depressing the spinal cord, by heat or cold, such remarkable effects can be produced upon the circulatory system, we can readily see how disorders of the latter may prove disastrous to the nervous system. To work out this would be very interesting, but would require more time than I can give it. The fact is, that every thing that impedes or arrests healthy circulation, or impairs the quality or quantity of the blood, may tend to bring on convulsions, and may be ranked among the predisposing causes. The exciting causes of convulsions are very numerous, and upon them, when we can discover them, we base our immediate

treatment of an attack. When arising from indigestion, how often have we cut short the spasm by an emetic or enema, when nature herself has not done the work for us, which she frequently does, and when constipation is the cause by relaxing the sphincter and evacuating the loaded intestines. But these measures often fail, and in spite of the inevitable warm bath and counter-irritation, which the child's friends have applied before our arrival, the convulsion goes on unabated; and if we do not arrest it, the child may die in the fit or from the supervening coma. Almost all the antispasmodics have been used for this purpose, and some of them with good effect at times, but no agent is so powerful or requires more skill in administering than chloroform. Some bear it very badly, and we discover the flagging of the pulse or the stertor of the breathing very soon after its application, and we must desist before any good can be done by it. In other cases its use may be kept up for a long time with no bad effects, and the convulsive action controlled. In severe cases I have seen the chloroform used freely for several hours, and the child recovered perfectly, when without it the paroxysm would have undoubtedly exhausted the nervous system, or produced cerebro-meningitis, or effusion and resulting paralysis. Such are often the results of convulsions, besides deformities from rupture of muscles, squinting, nervous excitability, epilepsy, etc., though by no means occurring in a large proportion of cases. In some children convulsions are easily excited and readily controlled, and the agent which I have found most valuable for this purpose is bromide of potassium. There is still a good deal of skepticism on this point, but I think where it has been used and persisted in, there is no doubt of its efficacy in preventing and subduing nervous excitability. I have given it, when the convulsive tendency was the result of impoverished blood from previous disease, in conjunction with wine and beef essence, with the happiest effect.

Of the effect of ice to the spine I have no testimony of my own. Dr. Edmunds, in the *Medical Times* of March 12th, 1864, after relating a case of spasm in a woman which was perfectly relieved by this means, says: "I had seen Dr. Chapman's brochure on the subject of his discovery, and also his paper in the *Medical Times and Gazette*, but thought the idea too pretty to be anything more than a plausible theory, until my own child being in great danger from an obstinate laryngismus, connected with dentition, I tried the ice bag to the cervico-dorsal portion of the spine, at the suggestion of Dr. Ramskill, and it has certainly done more to keep off the strangling attacks than anything else.

Lancing the gums when the convulsions occur during dentition, sometimes produces immediate relief, and, if they occur during that period, it should be our first duty.

Convulsions which take place at the outset of fevers, from the first impression of the poison upon the system, are not as serious as those which come on towards the close, and seldom require special treatment. It is a disputed point whether the prognosis from such is favorable or not. Worms, sunstroke, extremes of temperature, blows upon the head, sudden fright, severe burns, and local irritation of various kinds, are among the exciting causes of convulsions, and indicate the course of treatment. Calomel has been given very largely in convulsions, as a purgative, anthelmintic and absorbent. We must bear in mind its destructive tendency, and have a distinct purpose in view, the accomplishment of which is paramount to the risk of using such a depleting agent. If we give it to promote the absorption of effused serum in the brain we may obviate its injurious effects and increase its efficiency by taking especial pains to nourish and support the general system at the same time, with all the means the patient will bear.

This plan was successful in my own little girl, who was two and a half years old when she was attacked with a violent convulsion, after a day or two of gastric irritation, from which she seemed to be recovering, when, without any warning, she was seized with it, and, in spite of chloroform and everything else we could do for her, it lasted five and a half hours. The right side was most affected, and, after the convulsion, remained paralyzed for several days, but recovered under the use of small doses of calomel combined with bromide of potassium, and wine, milk, and beef essence. There was a convulsive state for some weeks afterward, which seemed to be controlled by the bromide, and partial convulsions occurred without loss of consciousness, for some days after her recovery from the comatose condition which immediately followed the convulsion. The paralysis left the foot first and she could walk well for some days before she could hold anything in her hand, but that gradually regained its use, and lastly, her tongue, which had remained silent for four weeks, began to liberate itself, in monosyllables at first, and she slowly recovered her vocabulary, as if she had never talked before. This case, which I had hoped to give more in detail, was one of intense interest and anxiety to

me, and the care and responsibility of the treatment was most kindly and faithfully shared by our worthy President, (Dr. Williams). She is held up in our neighborhood as a triumph of medical skill, and an encouragement to parents, as well as doctors, to hope for the recovery of their little ones under the most discouraging circumstances.

Discussion.

Dr. Bates. Has Dr. Dickson ever used chloroform internally in the treatment of infantile convulsions?

Dr. Dickson. I have not. In the case of my own child it was used to relieve sick stomach, but not for the convulsions.

Dr. Erich. It does not seem to me that chloroform is indicated in this disease. There is always more or less congestion, and the chloroform would increase it.

Dr. Warren. Convulsions arise from causes either centric or eccentric. When centric, and there is evidence of congestion, if not positive inflammation of the brain, chloroform is not indicated. It acts on the nervous centres, and the best results are frequently obtained. I once had a case of convulsions resulting from improper food. They had lasted for six hours, with scarcely a remission. I tried ice to the spine, injections of tinct. assafœt. per rectum, but no relief. I then injected ʒj. tr. assafœt. under the skin, and it became passive in five minutes, and completely recovered. No irritation of the cellular tissue was produced.

Dr. Erich. It seems to me that cases are not produced by reflex action. Never had occasion to resort to chloroform. Usually try to remove the cause, and use counter-irritation, etc. I should fear that chloroform would increase the congestion, and produce a more serions condition.

Dr. Williams. The difficulty of Dr. Erich is unfounded. Chloroform is always depressing in its action on the nervous centres, and cannot produce congestion, but ought to have the opposite effect. According to all pathologists, we should not give opium when there is inflammation or congestion of the brain. I always use it, and it does good. I had a case of insanity from inflammation of the brain, and morphia and valerian produced most happy results. I gave morphia in decided doses. Were I called to a case of convulsions, and uncertain whether it was centric or eccentric, I should not hesitate to use chloroform, both by inhalation and by the mouth, to relieve the convulsive action. If eccentric, then try to remove the cause by emetics, etc., if possible. Sometimes emetics will not act, but if we use chloroform, they act almost immediately. When emetics fail to act, and chloroform is not administered, the result is almost always fatal. I was afraid to give chloroform for some time, but now I do not hesitate to use it. I believe it is rational, and from practical experience I know it is highly beneficial. Dr. Erich ought not to censure himself if children die after the use of chloroform. It probably is only a coincidence, and they would have died anyhow.

Dr. Fay. Have you any experience in the use of chloroform in convulsions produced by pertussis?

Dr. Williams. I do not remember ever having to treat a case of that kind, because they usually last such a short time, but I would not hesitate to use it.

Dr. Noel. What is the youngest age in which you use it, and the symptoms upon the occurrence of which you stop its administrations?

Dr. Williams. I am governed by the pulse and breathing. When the pulse begins to fail, or stertor appears, I stop. I am hardly prepared to answer in regard to the age, but I use it at a very early age. My own child was laboring under a severe attack of colic. I gave chloroform by inhalation, which relieved it and gave time for remedies to act.

Dr. Erich. My case of convulsions was accompanied by stertor from the first. Gave chloroform until the convulsion ceased. Child died, as I suppose, from effusion.

Dr. Jones. I used it by inhalation in a child eleven months old; almost always use it. No unfavorable result.

Dr. Warren. It was an unsettled question with the profession, whether chloroform produced congestion of the brain or not, and whether the stertor was induced by congestion. Dr. Bedford Brown communicated a case of hernia cerebri to the *Amer. Jour. Med. Sciences*, which demonstrated that a positive congestion takes place. Chloroform, therefore, should not be used in convulsions of centric origin, but is useful in those of eccentric.

Dr. Noel. The question turns upon the point whether it produces primary or secondary congestion. Congestion might be produced by some constriction, and the direct sedation of chloroform may relieve this constriction, and thus relieve the congestion, by promoting the onward flow of the blood. If it should act on the pneumogastric, the lungs might not allow the normal amount of blood to flow through them, thus pro-

ducing reflex congestion of the *vena cava*, and, therefore, reflex congestion of the brain. As to stertor being dependent upon congestion, it is a question whether paralysis of the glosso-pharyngeal, and thus of the muscles of the soft palate, would not produce stertor without there being a particle of congestion.

Dr. Erich. I have never succeeded in producing emesis until partial consciousness returned. I use mustard, cold water, etc., until partial consciousness returns, then emetics.

Dr. Noel. Some have spoken of the hypodermic injection of tr. assafœt. Dr. Nott recommended injection of sulph. morph. I would like to know what would be the dose in infantile convulsions, and whether the rule in regard to the tolerance of opium holds good.

Dr. Williams. I have never administered morphia at all to an infant. The theory of centric and eccentric origin of convulsions looks very pretty, but it is difficult to apply it in practice, on account of the difficulty of getting any information from the friends. It is usually safe to premise an emetico-cathartic, and administer chloroform. No subject is more difficult to handle than infantile diseases.

# Medical Societies.

## NEW YORK MEDICAL JOURNAL ASSOCIATION.

*Regular meeting, December 6th*, 1867.
Dr. Gurdon Buck, *in the chair.*

### Phthisis Pulmonalis.

Dr. L. Weber gave a resumé of the recent views concerning phthisis pulmonalis, and more especially alluded to the researches of Niemeyer upon this subject. In order that the theory of the celebrated German pathologist may be understood, we must first recall to mind the various theories that have hitherto prevailed. The greater portion of the ancient physicians regarded phthisis as caused by a slow inflammatory process, leading only to ulceration; others, following the teachings of Aretaeus, added as another cause, nodose indurations, calling them *phumata*, which lead to softening, suppuration, and the formation of *vomicæ*.

Laennec's theory of tubercle deviated widely from the ancient views. He regards tubercle as a peculiar neoplasm, capable of anatomical demonstration, either as such, or in its consequences, *i. e.*, cheesy metamorphosis and formation of vomicæ. This simple view of the nature of phthisis soon elicited the admiration and belief of the great mass of the profession. It is only since the days of Virchow that a clear view of the essential nature of tubercle has been obtained. Niemeyer and others, following the teachings of Virchow, have definitely drawn the line between phthisis and tuberculosis. The ideas of F. Niemeyer, as published by his assistant, Dr. Ott, in Nos. 1 to 7, of this year's *Berliner Wochenschrift*, are briefly these: The idea held since Laennec, that phthisis is due to *diathesis* only, must now be abandoned, since clinical experience has taught us that all causes productive of bronchitis, hyperæmia, and congestion of the lungs, may also lead to consumption. *Phthisis* may exist without a tubercle being found anywhere in the whole system, and its origin will then be found in the *catarrhal form* of *pneumonia*, a disease to which he ascribes the majority of cases of phthisis-hyperæmia from physical exertion, direct irritation of the bronchi and lungs by foreign substances, such as coal and iron dust, or coagulated blood after hæmoptysis he also regards as not unfrequent causes of the disease. From the time of Hippocrates to that of Laennec, hæmoptysis has been considered as one of the most frequent causes of phthisis. The irritation caused by the blood retained after hæmorrhage may often produce pneumonia, with cheesy metamorphosis of the pneumonic deposits and phthisis. In the diagnosis and symptomatology of the disease, he distinguishes

1st. Phthisis in consequence of pneumonic infiltration.
2d. Phthisis complicated with tuberculosis.
3d. Tubercle, with or without phthisis.

He then proceeds to show the manner in which the diagnosis of the different forms can be made, and particularly points to the great significance of catarrh when it enters the alveoli. Accurate examination of the sputa he considers useful, both in the diagnosis and prognosis of the different forms of the disease. He maintains that a patient who, in addition to the other symptoms of phthisis, expectorates sputa that shows quite extensive destruction of lung tissue, may be considered in less danger than a patient who, being feverish and pale, and losing flesh, expectorates nothing but transparent phlegm. The first has *phthisis* only, the second has *phthisis* complicated or combiued with *tuberculosis*. Fever is a constant symptom of chronic pneumonia, (phthisis,) as well as tuberculosis, and the scientific use of the thermometer in phthisis is as important with regard to diagnosis, prognosis, and treatment, as in any other febrile disease. The impoverishment of the blood and loss of flesh of the patient are principally caused by the continued fever accompanying phthisis, and this knowledge must exercise a great influence on the treatment of the disease. In his lectures upon physical exploration of the chest, he says, "When dulness and bronchial respiration proportionally advance with the destruction of tissue, the prognosis will be relatively better than in those cases in which a patient with high fever loses flesh very rapidly without a proportionate advance of dulness. The former symptoms point to phthisis only, the latter to tuberculosis. By the relative depth of the fossa supra and infra-clavicularis neither tubercle nor cheesy infiltration are proven, but simply contraction and induration of the apex of the lung, and nothing more." When a patient who

has been afflicted with chronic bronchitis not much interfering with his general health, begins to lose his appetite, grows pale, and loses flesh and strength, there is reason to believe that the catarrh has extended to the alveoli, and it devolves upon us to show, by careful thermometric observations, the presence of fever, and also to ascertain the existence of induration of parts of the lungs. Chronic pneumonia has a strong tendency, as it proceeds to contraction and induration of the lung tissue, to make frequent relapses, just in accordance with favorable or unfavorable external influences, and this explains why a large number of such patients are comparatively well during the summer months, and ill again in the winter. These changes and relapses may last for a number of years, and such patients are quite unwelcome guests at the hospitals, unless they afford us something new for examination in the development of their disease. And why so? Because phthisis and tuberculosis have been considered as one and the same thing, the former always depending upon the latter, and, therefore, incurable. The treatment of phthisis Niemeyer bases upon the preceding pathological views, and thinks much ground has been gained since we have recognised that this disease is generally produced by pneumonic processes, and rarely by the neoplasma called tubercle. The treatment adopted by Niemeyer does not materially differ from that adopted by those who will not readily subscribe to his pathologic views. Fresh air and good food are the main remedies. Dr. Weber concluded his resumé by referring to the recent experiments of German and French observers, with regard to the inoculation of tubercle and other inflammatory and neoplastic products.

In the discussion that followed, Dr. Noyes stated that miliary tubercle had been recently observed in the tissues of the eye, heretofore considered exempt from tubercular deposits. The deposit has been found in the coats of the blood-vessels forming the choroid. It has been the fortune of Dr. Delafield to have found an illustration of the disease in the eye of a subject examined at the dead-house of Bellevue Hospital. Dr. Noyes called upon Dr. Flint to express his views with regard to the theory of Niemeyer.

Dr. Flint was not prepared to debate the questions arising from the views held by Niemeyer, he considered them as entitled to great respect, but thought we should hesitate in accepting opinions so extremely radical in their character. Some of the points presented this evening, seemed to him quite contrary to well known clinical experience. He (Niemeyer) takes the view that ordinary tubercular phthisis is nothing more than chronic pneumonia, or rather attributes phthisis to chronic pneumonia and bronchitis. Now nothing can be more certain, as a matter of clinical experience, that tuberculous deposit takes place without any of the symptoms of pneumonic inflammation being manifested. All who have given much attention to tuberculosis, must have met with cases of this kind. It also seems that clinical experience has shown with much certainty, that bronchitis, as we usually understand the term, has no disposition to eventuate in tubercular disease. Moreover this may be stated as a fact pretty well settled, that when a tubercular patient contracts a bronchitis, he does not as a rule, experience any increase of the tubercular affection. With regard to hyperæmia causing the disease, he thought directly the reverse was the case. It is certain that hyperæmia must exist in disease of the heart, for it is there a mechanical necessity, and yet it was, he supposed, a fact well established, that this condition is antagonistic to the deposit, and persons having heart disease, are very little liable to become the victims of phthisis.

Dr. Elsberg stated that Niemeyer's views embodied the general professional opinion previous to Lænnec's time, from the earliest times down to him, and which has never ceased to be in some manner a popular idea. Lænnec's conclusions, on account of the brilliant contributions which he made to the physical study of the disease, took such a hold upon the minds of medical men, that it is of course very difficult to divest ourselves of views, which while they have not advanced our knowledge of the essential nature of tubercle, nor given us any very hopeful ideas as regards the curability of the disease, yet gave us a very simple theory by which the whole process of tuberculization was readily explained. While there are some unreconcilable positions in the observations of Niemeyer, it must also be confessed that the theory of Lænnec, which has been the one accepted by the profession, is not free from contradiction. Niemeyer's great idea is the distinct separation of the two terms phthisis and tuberculosis, and while he does not by any means deny the existence of just such a disease as the profession regard as tuberculosis, he states that a good deal of what is confounded in the nomenclature of *phthisis* is not *tuberculosis* at all. A great many cases of phthisis occur in which no tubercle can be found, and these cases depend upon inflammatory products.

Dr. Whitehead spoke of the injurious effects of iron and sulphur in the treatment of phthisical patients, as well as the uncertain results obtained by sea voyages. He thought the most important point was the recognition of the disease in its initial stage, and the adoption of hygienic measures, and in conclusion, alluded to the production of phthisis in tropical animals confined in the Jardin des Plantes.

Dr. Garrish related his success with the persulphate of iron in cases of profuse hæmoptysis.

Dr. Herzog alluded to the works and opinions of Dr. Buhl of Germany, as occupying an intermediate position between those of Lænnec and Niemeyer. The discussion was continued until a late hour upon the various points urged in Niemeyer's paper. The subject of hæmoptysis as a cause of phthisis was argued at length. At the conclusion of the discussion, Dr. Van Gieson was called upon for his paper upon "a new method of arterial compression;" the hour being late, he yielded to a motion of adjournment.

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A correction or two is necessary in the last report of the Association. In the discussion which ensued upon Dr. Peters' resumé on cholera, Dr. Herzog is made to say that "cholera is not com-

municable from person to person in less than twenty days." It should read, the highest period established by observation thus far, with regard to communication of the disease, does not *exceed* twenty days.

The name, A. S. Katz, mentioned as the donor of valuable portraits, should be Sylvester A. Teats. M.

# Editorial Department.

## Periscope.

### The Therapeutical Value of Drugs.

Dr. James Grey Glover is communicating to the *London Lancet* some valuable articles on the Therapeutical value of Drugs. The following is his introduction of the subject, with his remarks on mercury in this connection.

No department of medical science has undergone more change than the therapeutical department. In not a few best minds in the profession there is great loss of faith in the utility of medicines, properly so called; and the only materia medica believed in is food and air. This scepticism is only excusable as a rebound from the credulity which, on the flimsiest grounds, credited with all sorts of substances with the most mysterious actions on the human frame. It is quite true, that the whole theory of the action of medicines will have to be reconsidered. It is also true, that the study of the natural history of many diseases has shown the uselessness, to a great extent, of medicines in them. But, if I am not mistaken, facts enough will emerge from the present chaos of therapeutics, to show that medicines are of the greatest utility in disease, and that the physician who uses them judiciously, and in a spirit of faith, has really very much the advantage over the physician who sits down at the bedside as a mere student of disease. It is very desirable to ascertain the extent to which disease will get well of itself; but it is possible to over-do the experiment which is to determine which is to determine this. Our business as physicians, after all, is not with the natural history of disease, but with its history as encountered by art and opposition. Not a few of us would altogether decline to be physicians on the natural history view of our duty. The natural history of a surgical operation is a very discreditable history as compared with the history of the same operation modified by the medical discoveries of chloroform and the ether spray. And so, without professing to have altogether escaped the prevalent medical scepticism of the time, I believe the natural history of many a disease greatly inferior to the history of the same disease judiciously opposed by medicines as well as by food. Without further preface, and designing to be brief in the few articles I may write on the therapeutical value of drugs, I shall begin with

*Mercury*—And I shall say at once that I think few medicines have suffered more in reputation by the recent bold innovations in medical practice than mercury. It had a wonderful name for two powers: an anti-syphilitic power and an anti-inflammatory power.

The *anti-syphilitic power* it certainly possesses. There is, perhaps, not a more remarkable or inexplicable fact in the whole practice of medicine than the effect of mercury in modifying and removing the phenomena of constitutional syphilis, especially in the infant. But it is certain that we do not see now-a-days such bad cases of syphilis as used to be seen, and that this improvement in the character of the cases coincides with the greatly diminished use of mercury. It is also certain that many syphilitic symptoms, such as iritis, ulcers of the mouth, skin eruptions, do well without the use of mercury, and that cases of constitutional syphilis do most satisfactorily without the medicine which used a few years ago to be thought indispensable in this disease. It is, perhaps, yet to be determined whether the syphilitic poison is eradicated so thoroughly and so quickly in cases in which mercury is withheld, as in others. In truth, a great many years are necessary to determine this point. But, in the meantime, it seems to me that many cases of adult syphilis will give great satisfaction to the medical practitioner and to the patient without the administration of mercury. I am not sure about infantile syphilis, and I cannot yet resist the pleasure of giving an unfortunate infant with snuffles and coppery blotches, with puckered mouth and sore anus, mercury with chalk in small doses, or applying the mercurial ointment dermically—measures which I take with almost perfect confidence that the snuffles will disappear, the skin assume a healthy appearance, and the child come to look healthy and plump, instead of old and wrinkled. A remedy that can produce such effects is not one to be rejected on any sentimental grounds. Much of the prejudice against mercury has been rather sentimental than scientific.

As regards the *anti-inflammatory power* of mercury, the breakdown in its reputation seems to me much greater than in the case of its anti-syphilis properties. There are some inflammations, such as pneumonia, in which it has been much given, in which I believe it to be very unnecessary; and others, such as the peritonitic and the dysenteric, especially the latter, in which I believe it to be most irritating and injurious. I confess that my own experience of the use of mercury is largely negative. But I am constantly seeing how well inflammatory exudations fare, and how completely and promptly they disappear, without the administration of a grain of it; how promptly, in other words, they are absorbed, without using the medicine which, for its absorbing qualities, was thought irreplacable and indispensable. Various cases have impressed me with the harm done in the dysenteric conditions of the mucous membrane by mercury. Of course, this remark only applies to the dysentery of our own country. But I shall be much surprised if it shall not turn out to be true of the severer dysenteries of other countries. If the antiphlogistic powers and uses of mercury have been greatly disparaged of late years in the

acute inflammations, the drug has gained nothing in reputation in regard to those slower and more insidious changes of nutrition which have been too long known under the name of chronic inflammations. A much more accurate name for such changes would be degeneration, affecting the great excreting glands, the blood-vessels and the substance of the nervous centres, the heart and great vessels. And the cases must be rare, indeed, in which mercury can be given with benefit, not to say impunity. In the treatment of the continued and remittent fevers few medical men now use mercury, or would agree with Dr. Corrigan in the opinion expressed in his excellent lectures on fever, that mercury holds the first place as an alterative in this disease, and that "of all medicines, it is that which appears, under almost all circumstances, to have the most certain power of restoring to health the elementary function of nutrition."

There remain various other internal uses of mercury for more trivial purposes, in regard to which it is enough to say, that this medicine is less and less used, and I believe wisely so. Besides these, there are the external and local uses of various preparations of mercury which are among the most useful and the least objectionable modes of employing it—as, for example, the use of the mild citrine ointment in chronic eczema, of bichloride of mercury in acne, of black wash in chancres and other ulcers, etc.

It may be thought that I have not found much in the case of mercury to justify a high opinion of the therapeutical value of medicines. But this is only one medicine, though it certainly is one that has had a rare reputation. Moreover, the power of—we might always say—curing some forms of syphilis remains, and is one of the most curious facts in medical science, I might almost say in any science. The progress of therapeutics is only likely to bring about a more precise definition of the power of mercury, and of the cases in which it is beneficial; not its entire disuse.

### Effects of Solar Rays upon Animal Tissues.

A paper by Dr. G. Robinson, on certain effects of the concentrated solar rays upon the tissues of living animals immersed in water, was read to the British Association for the Advancement of Science, by the Secretary, Professor Turner. The author opened by showing that of all fluids, water, next to air, is that medium most intimately connected with animal and vegetable life. He had been hence led to examine the effects produced, by concentrating the solar rays on numerous bodies immersed in water, and he believed that sufficient results had now been obtained to justify the prosecution of the subject. His experiments showed that by concentrating the solar rays upon the skin of the hand the same immediate burning pain, followed by inflammation and vesication, was produced as if the part had been similarly heated in the air.* The subaqueous concentration of the rays on any part of the surface of aquatic animals gave rise to instant pain, and when the focus could be retained for a few seconds on the head of a tadpole or small fish, death immediately resulted as though from an electric shock. That this action was rather physiological than purely physical, the writer endeavored to prove by a variety of considerations. It thus appeared that the nervous structures of living animals are peculiarly sensitive to the stimulating agencies present in the solar rays, irrespective of the actual heat of the latter, and it is thus rendered probable that it was not the calorific element of those rays that produced the effects witnessed in the experiments. Whether or not their actinic or chemical part chiefly operates in these cases, or whether another active power still more nearly allied to electricity, or to the nervous force itself, is really contained in the sun's rays, must be left for future research.—*Medical Times and Gazette.*

* Concentrated light has been recently successfully employed as a cauterant and resolvent for the removal of nævi and other affections of the cutaneous surface. *Vide* Med. and Surg. Reporter.—Z. *In Dental Cosmos.*

### Rational Treatment of Epidemic Cholera and Yellow Fever.

Dr. Le Carpentier, of Leavenworth, Kansas, furnishes to the *Leavenworth Medical Herald*, the following resumé of the opinions of Dr. Delfeau, of Collioure, France, on the cause of epidemic cholera and yellow fever, with the treatment he recommends.

According to the author's theory, the cause of epidemic cholera is a poisonous fluid, product of a double fermentation, putrid and malarial fluid which finds its way into the system mostly through the organs of respiration.

The action of that deleterious principle is first directed upon the blood, which under its influence, enters into a state of fermentation. Every following morbid condition in the course of the affection is due to that primitive alteration of blood.

The immediate effects of intoxication [poisoning?] of blood are:

1. To deprive the red corpuscles of the blood of their physiological power of absorbing oxygen.
2. To diminish the normal vitality of the walls of the vessels, arteries, and lymphatic vessels.
3. To give the globulin its full power of coagulating blood.

Under the influence of globulin, and deprived of oxygen, the red globules are separated from the serum into blackish lumps or clots of more or less density; then the serum itself transudes through the different tissues, (sweat, diarrhœa, etc.), carrying away all the saline elements of the blood, and more particularly, the chloride of sodium.

From the facts above mentioned, we can easily deduct, says Dr. Delfeau, the following indications:

1. Neutralize the morbid action of the cause upon the blood.
2. Excite the normal vitality of the vascular walls, and at the same time restore to the blood its saline elements.

Besides these we can find a few more indica-

tions, but they are accessory, and of second importance.

Now then our knowledge of therapeutics will enable us to comply thoroughly with the above indications, for, finding two separate causes, putrid and malarial, we can fight them to advantage; and if so, we cannot be powerless while we find those causes united in producing a peculiar morbific agent.

1. To the putrid element we can oppose chlorine.

2. Against the malarial cause we can use Peruvian bark.

3. And lastly, the common salt will serve us in restoring to the blood its saline elements.

Then chlorine and its preparations, Peruvian bark, common salt, are the rational remedies to be used against the epidemic cholera, and the only condition of success, says Dr. Delfeau, consists in administering them, always simultanously.

When summoned in any case of cholera, Dr. Delfeau adopts the following measures:

If any indications exist of doing so, he prescribes an emetic dose of ipecacuanha, or a cathartic one of epsom salts.

Against epigastric pains, according to the case, simple mustard plaster, or a few leeches, loco dolente.

To temperate vomitings, effervescing draughts, ice.

Against diarrhœa, enemata containing decoction of galls, or extract of rhatany.

Against cold, aromatic drinks, warm tea, with addition of any diffusible stimulent, as brandy, Jamaica rum, ether.

Against thirst, cold water at will. The rational treatment, so successful in the hands of Dr. Delfeau, consists in the daily use of the following prescriptions:

1. ℞. Solut. of chlorine, f.ʒss.
Water, f.ʒiij. M.
*Signa.* A tablespooful every hour, in a little simple syrup. At the same time, twice a day:

2. ℞. Sodii chloridi, ʒv.
Aquæ, f.ʒiij.
Sacchari alb, q. s. M.
*Signa.* One-half immediately, other half two hours after.

The last mixture must be taken for several weeks, progressively diminishing the doses according to the state of the patient.

3. ℞. Cort. cinchonæ flav. cont.,
Cort. aurant. amar. cont., āā ʒj.
Simarubæ, ʒij. M.
*Signa.* Put in a pint of boiling water, and let stand for three hours. A teaspoonful morning, noon and night.

4. ℞. Solutionis sodæ chlorinatæ, f.ʒiij.
Aquæ destill., Oij.
Spiritus lavandulæ comp., f.ʒiss.

This last mixture is to be poured into the water of a bath.

The bath to be used every day, at any time considered as convenient by the medical attendant.

Immediately after bathing, the patient is to be wrapped up in warm blankets, with the object of exciting a speedy reaction.

According to Dr. Delfeau's statement, the above treatment has never failed, except in a trifling number of desperate cases, in procuring speedy relief and cure, in the numerous cases he has had under his care.

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### Iodine and Carbolic Acid.

The *Journal des Connaissances Médicales* publishes a letter addressed to Dr. Caffe on Dr. Percy Boulton's late discovery of the action of carbolic acid on iodine. "The inconvenience," says the writer, "attending the external application of iodine and its preparations, is so serious that physicians are often compelled to abandon a remedy the therapeutic efficacy of which is undoubted, nay, almost unequalled in *materia medica*. The great objection to the external use of this remedy is, that it leaves marks both on the linen and on the skin. This is a sufficient motive for seeking some means of getting rid of this drawback, especially in the case of ladies. Dr. Percy Boulton's method consists in adding a few drops of phenic (carbolic) acid to the iodine solution to be employed. This addition renders iodine perfectly colorless, so that it may be applied with impunity. But this combination has another advantage. It appears from that practitioner's observations, which I can confirm, that, so administered, carbolate of iodine, which is the new substance in question, is not only one of the most powerful antiseptics we possess, but is intrinsically a more efficacious agent than iodine alone. I have used this compound under the form of injections, gargles, and lotions, in all cases in which iodine is prescribed. In sore throat, ozæna, abscess in the ear, etc., this preparation is a sovereign remedy; since, besides its disinfecting qualities, it modifies the mucous membrane, causes all local sensibility to disappear, and cures the patient much sooner than if either of the two agents were employed separately. The formula I employ is as follows: Compound tincture of iodide, 3 gms.; pure liquid carbolic acid, 6 drops; glycerine, 30 gms.; distilled water, 150 gms.

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### Borneo Camphor.

This variety of camphor, which commands in the Eastern markets about $28 per pound, is obtained from the baru tree. The slopes of the hills on the eastern coast of Borneo are covered with these trees. To gather the camphor the tree is felled and split; and in its centre the gum is found. The average amount taken from a tree is not less than ten pounds. The quality of this camphor is superior to all other varieties. A small fragment emits a very strong odor, and does not seem to lose its power for several years. Some idea of the estimate in which it is held by the Chinese may be had from the price it commands. Formosan camphor may be purchased for about 16 cents per pound, while the baru brings 175 times more. Mr. Torry, an American resident of the island, and having control of the northern territory, has lately brought to this country specimens of camphor, hard woods, and other interesting materials, which might be imported on a large scale with profit.

Medical and Surgical Reporter.

PHILADELPHIA, DECEMBER 28, 1867.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

## NOTICE TO SUBSCRIBERS.

From the 1st of January, 1868, we shall strictly enforce again, our old rule requiring payment in advance. For reasons given some years since, pre-payment has not been insisted upon—but the circumstances of the country are now such that we feel warranted in again requiring it.

☞ Those who have not yet paid for the current year, will please remit immediately. There are several thousand dollars due on current subscriptions, which must be paid soon to insure a continuance of the Reporter to the delinquents. The amounts are insignificant to subscribers, but the aggregate is large enough to be embarrassing to us.

## RENEWALS AND INCREASE.

The season of the year has come when most of the subscribers to the Medical and Surgical Reporter renew their subscriptions. In doing so, we would urge upon them the importance of renewed efforts to extend our circulation. They will thus give us the means to further improve the work. Will not each subscriber exert himself to send a *new name?* A very little effort would double the circulation of the Reporter, to the manifest advantage of all concerned. Let us have the effort.

## THE COMPENDIUM.

The announcemenf of the Half Yearly Compendium of Medical Science has been received with much favor, and a large number of names are already booked for it. Its plan is calculated to make it popular and useful, and we have every reason to believe that it will give satisfaction. We intend that it shall be the best work of the kind in the English language. Will the readers of the Reporter aid us in its circulation?

## THE DAILY POCKET RECORD.

A revised edition of this work has been prepared, and is now ready. The List of New Remedies has been extended, and there has been added Doses of Medicine for Hypodermic Medication, Inhalation, and for Suppositories and Pessaries. The Classified List of the Articles of the Materia Medica has been entirely rewritten and the prices revised. Tables for the Examination of the Urine, and of Normal Weights and Measurements of the Human Body have been added. Also blanks for a Cash Record. The book will also be some narrower than the last edition, and there will be an edition for double the number of patients weekly. When desired, we stamp the name on the tuck.

This work has been received with marked favor, and, anticipating a large sale, we have provided a large edition.

☞ Our edition of the Reporter for Dec. 7th has run short. Subscribers who do not care to keep files of their journals, will confer a great favor by sending us that number, which will be credited on their subscriptions.

## CLOSE OF VOLUME SEVENTEENTH.

This number closes the Seventeenth volume of the Medical and Surgical Reporter, during which it has weekly visited thousands of readers in all parts of the country, and been the medium of intercommunication between the profession of every section. Despite the stringency of the times our subscription list has steadily, and quite as rapidly as at any other period, gained ground. We have been greatly encouraged by this steady growth, and trust that we shall also not only retain all of our old friends, but have their active coöperation in still further extending the circulation of the Reporter, which will be greatly to their advantage, and the advance of medical science in this country. Our arrangements for the new volume and year, include some improvements which we doubt not will be appreciated by our readers.

With the compliments of the season to all, the Seventeenth volume of the Medical and Surgical Reporter takes leave of the table and assumes its position with its companions on the shelf.

## NOTICES OF SUBSCRIPTION DUE.

Many of our readers have misunderstood the notices which were sent them in No. 563 of the Reporter, and sundry inquiries, more or less impatient in tone, have been written us under the impression that these notices have relation to the year just closed. This is an error. They refer to the *coming* year; they are *due* because payment *in advance* is expected. There is a difference between a *bill* and a *notice* of payment due, and this latter only is what our subscribers received. We hope this explanation will satisfy all, and will be received as a reply to a number of letters upon this point.

## REPORT OF THE BUREAU OF MEDICINE AND SURGERY, U. S. N.

The Report of Dr. P. J. Horwitz, Chief of the Bureau of Medicine and Surgery, U. S. Navy, for the last year, contains a number of valuable statistics, which should attract the attention of the profession at large.

The average strength of the Navy in 1866, was about 17,193. The proportion of cases admitted to hospitals to the whole number of persons in the service, was about 1.46; that is to say, that each person was on the sick list, on the average

1 46-100 times during the year. The proportion of deaths to the whole number in the service was .018; and the percentage to the whole number of cases .012,—considerably less than two per cent.

It is a telling criticism on the pay and position of the medical corps in the navy, that there are now in it forty-eight vacancies, and no likelihood of having them filled. Dr. Horwitz remarks very justly on the point—

"The reasons for this condition are manifest and perfectly natural. Young gentlemen fitted by their ability and information to enter the medical corps, are unwilling to join a body offering in return no adequate remuneration in pay, rank or promotion. Talent, skill and professional knowledge will seek their reward through the most speedy and desirable channels. So long as civil practice is more remunerative, and holds out greater inducements and quicker promotion, the medical man cannot be expected to subject himself to the discipline and hardships of the service; it might as well be expected by a political economist that a commodity would seek a market where there was no adequate demand for it. It is clear, that, unless some compensation is to be found in the emoluments and rank of the position, the medical man will not give up the comforts of a home and the freedom of civil duties, to undergo the confinement and annoyances of sea-life.

"As at present organized, the pay is altogether inadequate; and as to promotion, the staff corps of the navy have seen their more fortunate brethren of the line rapidly promoted for their services during the war, whilst they themselves have been left to such rewards as a good conscience and the honest and faithful discharge of their dangerous and important duties furnish.

"These may be consolations to those who expected and deserved better things, but they are not inducements that will prevent the disintegration of this branch of the service. I therefore earnestly repeat that prompt legislation on the part of Congress is imperatively required, and I am sure that that body will not hesitate to follow any suggestions you may see fit to make, when they properly understand the present critical position of the medical department of the navy.

"Since 1862, six grades of commissioned officers have been added to the line, whilst the medical corps stands as it stood forty years ago, its pay but slightly advanced, notwithstanding the enormous increase in the price of everything around us: its relative rank left far in the rear by the promotion of its brethren of the line.

"Why the heroism and fidelity of its members during the great rebellion, which they so materially aided in bringing to a successful conclusion, should be thus repaid by the government, it is difficult to imagine."

There is added a "Report of Diseases and Injuries on board vessels in the navy of the United States whilst engaged in suppressing the rebellion, from April, 1861, to June, 1865, arranged in the following order, viz., 1. Potomac flotilla; 2. Atlantic squadron; 3. North Atlantic squadron; 4. South Atlantic squadron; 5. Gulf squadron; 6. East Gulf squadron; 7. West Gulf squadron; 8. Mississippi squadron."

This occupies eighty-two pages, each disease being specified, and the following history of it given:

1. Remaining sick from last year; 2. Admitted; 3. Discharged; 4. Died; 5. Total treated; 6. Remaining sick at end of year; 7. Proportion of deaths to number of cases treated; 8. Proportion of deaths to number of ship's company; 9. Proportion of sick to number of ship's company.

The total number treated was 144,058, of whom 2,532, or .0175 died, or rather *less* in proportion during the years of war than during the last year of peace.

# Notes and Comments.

### Reporting Clinics in Newspapers.

Some one—a medical student probably—is reporting the clinics of one of the medical colleges of Cleveland, Ohio, in the *Daily Herald* of that city. They are about as much in place as would be a "bull in a china shop." We do not suppose that the individual professors, or the faculty of the college encourage such reports. It would hardly be in accordance with sound medical ethics. The professors in our medical colleges are generally sufficiently advertised when pursuing their ordinary and necessary routine of duties, without resorting to any special methods of obtaining notoriety outside of the regular channels of the profession.

### Pension Examiners.

A correspondent suggests that the defective examinations of the pension surgeons complained of by the Third Auditor of the Treasury, may be explained by the fact that many, or at least some irregular practitioners, homœopaths and others, have obtained the post of examiners. This is to be regretted, but if the government refuses to take proper measures to subject its agents to a scrutiny, and test their fitness for positions, it must expect to be poorly served.

### Erysipelas after Hypodermic Injections.

A correspondent in Iowa mentions that he has now under his charge a case of erysipelas, induced by the use of hypodermic injections of acetic acid, for the cure of maglignant disease in the mammary gland. We shall be glad to have the particulars of the case reported.

### Fougera's Cod-Liver Oil.

We learn from the *Medical Gazette*, that in the Out-door Bureau of Bellevue Hospital, N. Y., a trial is being made of the compound iodinized cod-liver oil, prepared by E. Fougera, of that city. This oil contains iodine, bromine, and phosphorus, in larger proportion than ordinary cod-liver oil. It is certainly a very elegant preparation, neatly put up, and in some cases in which we have prescribed it, it has given unbounded satisfaction. Mr. Fougera has a number of pharmaceutical preparations, which appear to be carefully compounded of useful ingredients.

# Correspondence.

## DOMESTIC.

### Injurious Effects of Cosmetics.

Editors Medical and Surgical Reporter:

I have discovered, since my last note, another evil under the sun, pervading the American community. It is this: To heighten their beauty in the eyes of admiring gentlemen, the ladies are resorting to various cosmetics in the shape of washes, powders and paints, which are put up and lauded to the skies by greedy and unprincipled knaves, calling themselves druggists, as being sovereign remedies for all the evils which beset a fair complexion. Now the ladies ought to know that all the preparations are more or less injurious to the skin, when used habitually, and some of them even poisonous and dangerous to health and life. One person in this community has suffered nearly everything but death for the past two years, besides expending a small fortune upon several doctors who did her no good because they did not understand the cause of the trouble. I have satisfactorily ascertained that it was nothing more or less than the use of a cosmetic, composed wholly of carbonate of lead and water. This is sold by druggists who obtain it from New York and Chicago, put up in beautifully stained glass bottles, and labeled with a high sounding name.

The lady above refered to, had the usual symptoms of lead colic, followed by paralysis of the flexors of the wrists. Since discarding this cosmetic she is gradually recovering the use of her hands, and her general health is improving. The test used is the following—shake up the bottle and pour a little of the mixture into a wineglass, add a few drops of nitric acid, which dissolves the carbonate, making a transparent solution. To this add a few grains of iodide of potassium and there is produced the beautiful yellow iodide of lead precipitated in a solution of nitrate of potash.

John G. House, M. D.

*Independence, Iowa.*

### A Case of Fatty Degeneration.

Editors Med. and Surg. Reporter:

I have recently been called to treat a case of disease, (if disease it may be termed) so peculiar as to its origin and progress, as to test my discriminating powers as to its cause, and the therapeutics applicable thereto. It seems to be a case of obesity, or fatty degeneration, if I may so term it; the history of which is briefly given as follows: A. M., aged 25 years. Occupation for the past three years has been traveling agent or drummer for a mercantile house in Chicago. Travelled mostly in the Western States. Commenced increasing in flesh some two years since, and now is a "sight;" abdomen protruding, cheeks puffed, face a deep purplish red, eyelids swollen with fat, so as to make the ball appear of not more than one-half its original size. Skin on arms and legs, and on various parts of the trunk, almost bursting, from the tension of the fatty deposition; has been compelled in consequence to wear a tight fitting gum-elastic wrapper, thus preventing the capillary circulation from forcing itself through the skin at various points. Appetite good, tongue coated with white fur, lobulated, cracked and spongy. Pulse 90 to 100, full and strong on pressure; water clear and plentiful. Heavy throbbing of carotids, with a sort of blowing sound in jugulars, but no dizziness. Bowels costive and sluggish, unless stimulated, as is his habit, by cathartics. Has been examined by Professor Davis of Chicago, with some care. Followed strictly his advice, with no apparent decrease of obesity. Although urged by Dr. Davis not to be bled in any event, by his urgent request I bled him recently to the extent of forty ounces, before affecting the force or frequency of pulse. Blood and urine not examined microscopically. Is taking after eating, podophyllum and soda as an alterative and dissolvent of blood tissue. What course would you recommend in the case?

Thomas Shannon, M. D.

*Savonia, Steuben Co., N. Y., Dec.* 12, 1867.

—— Dr. Charles E. Taylor of the New York Orthopædic Institution, has received from Paris a medal which was awarded him for a new apparatus intended to correct vertebral deviations consequent upon angular or lateral curvature of the spine.

# News and Miscellany.

### Soft Soap in Scabies.

Dr. Durkee, in the Boston *Medical and Surgical Journal*, praises the use of soap, and especially the ordinary soft soap of our washerwomen, as a most effective parasiticide in scabies. His words are:

"In our country we have a soap much superior to the above in its detergent and other qualities. It is commonly made, in the rural districts, from the ley obtained from the ashes of the hard varieties of wood; and consequently cotains potash in combination with fat and grease. This soap is used by the masses for the ordinary purposes of ablution, and is seldom followed by injury to the skin. It removes the unhealthy cuticle; and is perfectly destructive to parasites of all descriptions.

"A few years since, at our suggestion, Dr. Howard F. Damon, then Superintendent of the Boston Dispensary, instituted a series of extensive trials with this remedy, for the cure of scabies. The disease was then fearfully prevalent among the poorer classes, being brought home by soldiers on their furloughs from the Union armies. Probably at no time was there ever a better opportunity among us for the trial of such a remedy as this. From the *several hundred* cases thus treated, Dr. Damon reports to me the most satisfactory results. In no instance has he known this remedy to fail when it has been thoroughly applied; and rarely, if ever, is there any eczema in consequence of the application of the common domestic soft soap to the skin, in the treatment of scabies. After a fair trial of this article, Dr. D. concurs with me fully in the opinion that it is in several respects superior to the parisiticides now in use, and no remedy is cheaper or more ready at command. The proper mode of applying it is as follows:—Suppose the hands, wrists, etc. to be the parts involved in the eruption. The patient is to rub upon them about a common table-spoonful of the soap, using brisk friction at the time. Let the soap remain on until it produces a pretty severe smarting or tingling sensation. It may then be washed off with warm water, and the parts wiped dry. The same process is to be used for any part of the surface if necessary. Sometimes one application is sufficient; sometimes two or three may be required and may be repeated every third or fourth evening. These will be enough to cure all ordinary cases. If the eruption is very extensive it will be prudent to subject only a part of the diseased surface to the action of the soap at any one one time. For instance, the hands and arms at one time, and the next time the legs or a portion of the trunk of the body. There is quite a difference in individuals in regard to the length of time they can allow the soap to remain on comfortably to themselves. Those of peculiarly nervous temperament or very delicate skin can tolerate it only a few minutes, while others can bear it two or three hours before washing it off. For infants and very young children an ointment containing from ten to fifteen grains of the iodide of potassium to the ounce of lard, and applied every second or third night, is a perfect parasiticide in scabies. In recent cases a single application is often sufficient."

### Human Decadence.

In an able thesis on death, Dr. Acosta of Paris discusses the difficulty of determining the commencement of old age, and says the Greeks regarded the age of 49 (seven times seven, their climacteric number) as the culminating point of human strength. Another French writer, M. Flourens, however, holds that decadence does not commence until the 70th year. The Chinese call men who have attained that age, "rare birds," and those who reach the 90th year "old loiterers." The two climacteric ages of the Arabs were 63 (seven times nine) and 81 (nine times nine). The first was considered the grand climacteric among the ancients, and those who passed it were accustomed to congratulate each other. Physiologists recognize the existence of two sources of strength in the constitution; one is called the force in use, and the other the reserved force. Doubtless the period of decadence bears some relation to the period required for full development. Those who are long in arriving at the full maturity of their powers, as a general rule, are long in losing their store of reserved force. Bodily strength may be compared to a water-power. During the period of growth, the surplus vitality, is used in development, as force is expended in building structures to raise the head and fall of water. Through the term of middle life, the supply of strength greatly exceeds that expended in work, and the surplus quietly passes off like unused water over the waste weir. When the period of decadence arrives, the stream begins to diminish. There is no longer a residue of unused force. During the day there is no flow of water over the weir, and a whole night is required to bring the head and flow to its accustomed height. Every resource for supply is employed, and care is taken to prevent the escape of unused force. Gradually the constitution is enfeebled, but has not even power to repair bodily waste. The weir crumbles, the leakages are no longer checked. Slower and slower turns the wheel of life, until at last, by some sudden diversion, its scanty supply is cut off, and it has forever ceased to move. To guard the weir of life, to prevent its sudden destruction by fatal disease, and to show how best to repair the damage of constant decay is the business of the physician. It is said the average length of human life among civilized nations has been greatly increased during the last century. This gratifying result must be accredited in part, to the introduction of new remedies for disease; yet it will not be out of place to assert that the most important of all arts—medicine—has not kept pace in improvement with many others affecting the material well-being of man.

—— The General Hospital at Birmingham, England, has been the recipient of $27.000, its share of the proceeds of a musical festival.

—— A son of Dr. H. W. Curtis of Chagrin Falls, Ohio, fell on the ice recently and injured his back so badly that he died on the 20th ult.

*[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]*

## MARRIED.

Backus—Noble.—At Germantown, Phila., on the 19th inst., by Rev. J. Spanogle, Mr. Frederick B. Backus and Amanda M., daughter of Dr. Chas. Noble.

Banks—Wills.—On the 16th inst., at the Buena Vista House, Gloucester City, N. J., by the Rev. D. J. Freas, H. H. Banks, M. D., of Springfield, Mass., and Miss Emma Wills, daughter of the late A.G. Wills, of the former city.

Byington—Worden.—Dec. 12th, at Dewitt, near Fayetteville, N. Y., at the residence of M. P. Worden, by Rev. L. H. Reid Dr. Francis M. Byington, of Fayetteville, and Harriet B. King, daughter of M. P. Worden.

Colville—Pretlow.—In Covington, Ky., Dec. 10th, at the residence of Dr. R. Pretlow, by Rev. J. M. Worrall, Hugh Colvilie, Esq., of Cincinnati, O., and Miss Sallie Z. Pretlow.

Hackley—Kent.—In New York, Dec. 16th, at the residence of the bride's parents, by the Rev. Dr. E. H. Chapin, Dr. Charles E Hackley and Emma W., daughter of Gabriel Kent.

Homer—Clark.—In this city, on the 19th inst., by Rev. William J. Clark, at the residence of the bride's father, Horace Homer, M. D., and Emma, daughter of Mr. C. E. Clark.

Lazier—Moreland.—Dec. 5th, Dr. H. B. Lazier and Miss M. Agnes Moreland, both of Morgantown, West Va., by the Rev. W. A. Hooper, assisted by the Rev. J. D. Owins.

Smith—McCurdy.—On the 5th inst., at Reading, Pa., by the Rev. E. J. Richards, Edwin F. Smith and Nannie K., daughter of Dr. J. K. McCurdy.

Wilson—Taylor.—Dec. 12th, by Rev. J. L. Hanaford, Dr. Arthur H. Wilson and Miss Jennie N. Taylor, all of Boston.

Wood—Conger.—Dec. 12, at the Presbyterian Church, Geneva, N. Y., by Rev. Dr. A. A. Wood, assisted by W. B. Sprague, D. D., Edward A. Wood and Mary E., daughter of Dr. G. Conger, of Geneva.

## DIED.

O'Donoghue.—At his residence in Bergen, Genesee co. N. Y., Dec. 3d, Dr. Eugene O'Donoghue, aged 75 years and 1 month.

Prior—Suddenly, of apoplexy, at Oyster Bay, L. I., Dec. 17th, Dr. Philemon F. Prior, aged 46 years.

## ANSWERS TO CORRESPONDENTS.

*Dr. G. W. P., of Md.*—Thatcher's "American Medical Biography," is scarce, and only to be picked up at an auction or a second-hand book store. Prof. Mitchell's Essay on the Cryptogamic Origin of Disease can be had in this city. It was published, with other lectures, in a volume in 1858. Price about $2.50, we believe.

*Dr. C. W. P., of Ind.*—The man whom you inquire about is an ignorant quack, worthy of no attention—still less his literary productions.

*Dr. C. G. S., of Pa.*—Your description of the case of deafness is too general for us to form an opinion as to its cause, still less give our views of treatment. The ear should be thoroughly examined with the otoscope. The use of tobacco sometimes causes such impairments of hearing.

*Dr. E. C. R., of L. I.*—Your favor, enclosing vaccine, was duly received. Accept our thanks. If all to whom we send were as punctual in returning virus, we would not have to keep subscribers waiting, as latterly, in some instances, we have been obliged to do.

*Dr. M. S., of Ill.*—The cost of a bistoury and scalpel in the same handle, is $3.00.

*Dr. T. S., of N. Y.*—Your remittance was duly received and acknowledged.

*Dr. W. T. B., of Md.*—The London Lancet costs $3.00 per annum, when taken with the Reporter.

*Dr. L. D. R., of Vt.*—A good work on renal and urinary diseases is that of Roberts, 1866, price $4.50.

*Dr. R. H. P., of Va.*—Dr. Thomas on Diseases of Females is not yet out.

*Dr. W. G. B., of Ct.*—We do not commute with the Am. Jour. of Med. Science. It costs $5 00 a year.

*Dr. C. B. M., of Ind.*—Your order for a skeleton was sent to one of the colleges, and we suppose it will be forwarded you as soon as bleached.

## METEOROLOGY.

| December, | 9, | 10. | 11. | 12, | 13, | 14, | 15. |
|---|---|---|---|---|---|---|---|
| Wind | N. W. | S. W. | N. E. | N. E. | N. | N. E. | N. W. |
| Weather | Clear. | Cl'dy. | Cl'dy. Snow | Cl'dy Snow & hail 6 in. S | Clear. | Cl'dy Snow. | Clear. |
| Depth Rain | | | | | | | |
| *Thermometer.* | | | | | | | |
| Minimum | 15° | 22° | 24° | 14° | 4° | 7° | 20° |
| At 8, A. M. | 24 | 30 | 30 | 17 | 10 | 9 | 24 |
| At 12, M. | 28 | 39 | 32 | 10 | 16 | 15 | 30 |
| At 3, P. M. | 28 | 39 | 31 | 9 | 17 | 15 | 30 |
| Mean | 23 75 | 32.50 | 29 25 | 12.50 | 11.75 | 11.50 | 26. |
| *Barometer.* | | | | | | | |
| At 12, M. | 30.3 | 30. | 30.1 | 29.8 | 30.1 | 30.2 | 30. |

*Germantown, Pa* B. J. Lerdom.


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